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2012 Annual Report

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ABOUT US

The Gloucester County Department of Health is a service agency which operates under the auspices of the Gloucester County Board of Chosen Freeholders. By contract with all 24 municipalities, the Department of Health provides a range of nursing activities, environmental health services, provides public health information and health education services to all residents of Gloucester County. Many of these services focus upon protecting persons from health threats and assist our residents to adopt healthful lifestyles. Most of these programs are provided to county residents at no charge.

Our Vision:

To provide a healthier future for Gloucester County residents through community partnership and involvement.

Mission:

Our mission to “Achieve a Healthier Gloucester County” is accomplished through:

- 1) Preventing illness and injury;
- 2) Promoting good health practices;
- 3) Keeping the environment clean, healthy and safe; and
- 4) Helping to prevent and prepare for all hazards natural and manmade public health disasters and emergencies.

Since its inception, the Gloucester County Department of Health has served as a valuable resource in the provision of public health services to all Gloucester County residents aimed at promoting, achieving and maintaining a healthy standard of living.

Working in collaboration with our partnering governmental and non-governmental organizations, we work to address health disparities, tackle chronic disease, and ensure our citizenry is prepared to respond to public health emergencies.

The Gloucester County Department of Health applies best business practices to demonstrate operational excellence in service and programming offerings to the public as we strive to safeguard the community’s health.

WHAT IS PUBLIC HEALTH?

Public Health is your health. It is how the health of those around you effect you on a daily basis. The Gloucester County Department of Health serves as the first line of defense in maintaining and improving the public's health status. We offer a variety of general and specialized programs to maintain and improve the health and wellbeing of our residents and our environment. We promote physical and mental health, prevent disease, injury and disability by:

- Preventing epidemics and the spread of disease;
- Protecting against environmental hazards;
- Preventing injuries;
- Promoting and encouraging healthy behaviors;
- Responding to disasters and assisting communities in recovery; and
- Assuring the quality and accessibility of public health services.

The Gloucester County Department of Health has adopted these ten essential public health services as departmental goals. These services are a major part of what guides our daily actions. As a result, we conduct and offer many programs and activities that address and incorporate these objectives.

Ten Essential Services of Public Health

1. Monitor the health status of the community.
2. Investigate and diagnose health problems and hazards.
3. Inform and educate people regarding health issues.
4. Mobilize community partnerships to solve community problems.
5. Support policies and plans to achieve health goals.
6. Enforce laws and regulations to protect health and safety.
7. Link people to needed personal health services.
8. Ensure a skilled, competent public health workforce.
9. Evaluate effectiveness, accessibility and quality of health services.
10. Research and apply innovative solutions.

PROGRAMS & SERVICES

This Department offers an array of programs, wellness clinics and services, which include, but are not limited to:

- Air/Noise Pollution Control Program
- All-Hazards (BT) Preparedness Program
- Body Art Program
- Child Health Services
- Food Safety Training
- Food Surveillance Programming
- Health and Safety Inspections (Campgrounds; Youth Camps; Recreational Bathing Facilities; and Tanning Salons)
- Groundwater Pollution Control Program (Wells & Septic Systems)
- Hazardous Materials Control Services (Via Contract with the County Office of Emergency Management)
- Health Education/Public Health Information and Training Programs
- HIV/AIDs Antibody Testing
- Influenza Immunization (Flu Shot) Program
- Lead Poisoning Prevention Program
- Potable Water Supply Inspections
- Rabies Program
- Reportable Disease Program
- Right-To-Know Program
- School Age Immunization Program
- Sexually Transmitted Disease (STD) Clinics
- Surface Water Pollution Control Program
- Tuberculosis (TB) Control Program
- WIC (Women, Infants, and Children) Program

The Department of Health is located at the County Health Offices @ East Holly, 204 East Holly Avenue, Sewell, New Jersey (in Washington Township).

Our WIC (Women, Infants, and Children) Program operates at this main location, as well as at two satellite centers: 1) Paulsboro County Health Building, 1000 Delaware Street, Paulsboro, New Jersey; and 2) Monroe Township Municipal Building, 125 Virginia Avenue, Williamstown, New Jersey.

Nursing Clinics (Child Health; STD; and HIV/AIDs Antibody Testing) are also run out of our main location listed above, as well as at our Paulsboro Satellite Center located at the Paulsboro County Health Building, 1000 Delaware Street, Paulsboro, New Jersey.

Community Outreach and various Health Education initiatives are conducted throughout the county at various facilities.

We are only as healthy as the world we live in. We believe our services can benefit everyone, every day, everywhere in Gloucester County.

You are welcome to visit us at: www.gloucestercountynj.gov, or contact us directly at:

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2012 Annual Report

It is a privilege to share our annual accomplishments and discuss related challenges and upcoming programmatic initiatives and needs for the 2013 year to come. We remain grateful to the Gloucester County Board of Chosen Freeholders and the Gloucester County Administrative team for lending us technical support and professional guidance throughout the year. The New Jersey Department of Health and New Jersey Department of Environmental Protection also offer continued support and assistance through the year, which prove invaluable to us. Additionally, we cannot thank our community partners and program participants enough for their interest in and steadfast support of our programs and services, as we all strive together to “Achieve a Healthier” Gloucester County. .

The Gloucester County Department of Health offers an array of public health programs and services. We operate with fiscal responsibility and prudence in planning for, as well as accounting for, our Departmental needs in meeting anticipated program goals and objectives throughout the year.

2012 UNIT ACCOMPLISHMENTS & RELATED CHALLENGES

It is a privilege to provide an overview of those major accomplishments achieved this past year. As anticipated all projected goals & objectives will be accomplished by year end, and state driven requirements implemented accordingly (See Appendix I). We continue to challenge ourselves to provide innovative and applicable public health services to our county residents, while ensuring our dynamic workforce achieves our Departmental mission.

Administrative/Fiscal Management

Substantial changes availed as related to two key managerial positions. We gained a Health Officer in May 2012, after her predecessor relinquished her post in October 2011. We additionally lost the outstanding services of our past Director of Nursing in February 2012, whose position was filled in early April 2012. Both newcomers to these positions possess a depth of public health experience, and a wide breadth of knowledge in this arena. Hence, operations have continued to run smoothly, and without pause.

State Accreditation

We have begun to explore the possibility of attaining State accreditation as a public health entity. The goal being to ensure that we adhere to established best practices, and as a Department, develop strategic plan work to formally address all future programming requirements, service gaps and needs. This status elevation may eventually become a requirement to seek outside funding support, which has precipitated our pursuit. Great progress has been made as we’ve begun our strategic planning process, refined our Quality Improvement programming initiatives, completed a workforce assessment study, and moved to further refine overall programmatic goals, objectives and service delivery efforts. We shall endeavor to continue progress in our planning efforts in fulfillment of complete and full accreditation.

Grants Management

In 2012, aggregate grant awards totaled \$ 1,668,694. In 2013, it is anticipated the grant award total will amount to approximately \$ 1,681,991, a 1% increase from last year.

Many of our grant dollars over the years have slowly decreased (i.e.: Preparedness funding; WIC grant funding) and currently cover approximately 1/3 of our total operational needs. Other grant program funds have remained static over the years (CEHA, RTK; MRC, etc.) which fall short of the mark in tackling increased costs needed to cover payroll and other related expenses associated with those services required. We of late, are continually threatened with funding reductions (i.e.: WIC, RTK, CEHA), and await final grant award determinations made through our Federal and State partners.

Audits have reflected favorably, indicating this Department remains accountable and compliant with all accounting rules and principles. This unit continues to strive for and achieve a greater efficiency of funding application and use.

Outside funding opportunities through foundations, grants, shared service arrangements, etc., are all considered and reviewed as they avail as we strive to provide services and programs of interest and benefit, in the most cost efficient and streamlined manner possible. Where we can partner or offset operating costs, we look to do so.

Solid Waste remains the sole funding source which has increased 26% over this past year. The expected tonnage for the 2013 year however, has been projected to remain equivalent to that received in 2012. Tonnage projections for 2013 are projected to generate an anticipated \$ 150,000 in revenue. This funding supports staff allocated to the Solid Waste Advisory Board, inspection staff/processes, and that of other related supplies and equipment needs.

Nursing/Personal Care

The most highly visible component of our Nursing unit revolves around our annual seasonal flu immunization campaign. This Department expects to vaccinate some 17,500 interested individuals this 2012-2013 flu season, which is currently underway. 35 Open Public clinics have been made available to the public to ensure ease of access to those interested participants. This program remains a popular public health promotion spanning several months (five total) each year.

Were it not for the interdepartmental support we receive, in particular, from the Sheriff's Office, Buildings & Grounds, and Public Works, we could not meet with the success we do each year in administrating this program. As we look ahead to the future, we anticipate this program offering to continue, however, with the readily available vaccine offered through local area drug store chains, various doctor's offices, minute clinics, etc., we may realize reduced demands. Seniors and families however, still seem to seek our services in obtaining this annual immunization.

Our Child Health component has met with increased new client load this year (407 new clients), and we shall continue to advocate and encourage use of this wellness program to track the developmental growth and address the required immunization needs of those families with children who are not insured or whose health insurance does not cover these routine visits. This patient increase may be a result of this unit's assiduous efforts this past year in solidifying and strengthening our community

relationships with various health care providers. Staff throughout the year, visited local physician offices, ensured they've introduced themselves to local pharmacies with clinics attached, enhanced alliances with our local hospital groups, schools, day care centers, etc., to ensure we build upon our professional working relationships, while further developing our referral base for service offerings.

The communicable disease program continues to remain active with disease surveillance (approximately 150 cases/monthly), tracking, monitoring and follow-up with those affected. The number of patients frequenting our STD clinics (50 – 60 monthly) in particular, continue to increase and we have begun to review how best to provide additional services to this patient population.

WIC (Women, Infants & Children) Program Unit

A few positive achievements to note include the fact that this unit served approximately 190 additional clients each month (some 7,100 total unduplicated clients) through the 2012 calendar year. We expect this trend to continue into 2013 with a caseload projection of an anticipated 3,820 program participants monthly.

With a past 10% budget shortfall, all program objectives were achieved with current staffing levels and while remaining compliant with required service guidelines. It is anticipated that WIC grant funding will remain static in the year ahead. As a result, the concern exists that current staffing and operational program costs may not be fully covered throughout the entire grant period. As in years past, we shall beseech the State WIC office to fund our program fully to ensure program beneficiaries continue to receive current levels of service.

Lastly, this unit benefited from the hire of a tri-lingual nutritionist, one of the stipulations that came attached to receiving an additional funding allocation this past year, whose talents and abilities will complement the team well as we strive to serve the migrant and non-English speaking populations in their primary languages. With her presence we possess the ability to provide screening services in English, Spanish, and Portuguese.

Environmental/Consumer's Unit

On a positive note, all required/slated inspections for the 2012 program year were conducted and completed in both our Consumer and Environmental Health Units.

The Consumer's Unit in particular, made headway this year in standardizing the county's application and inspection process for Special Events and Mobile Units. Our office joined forces with the Southern New Jersey Counties to streamline our review processes. All six counties (Gloucester, Camden, Salem, Cumberland, Atlantic, and Cape May) are currently utilizing the same inspection format which will prove helpful to us all, in ensuring that safe food handling requirements are adhered to by roving mobile vendors that travel between county borders for set-up at various work sites/events. The State Health Department is currently looking to utilize the established format as their uniform model code, and our team is proud to have been a part of the product that has evolved.

This unit has also achieved success in adding additional tanning facilities to our inspection database. These inspections generate revenue, but more importantly ensure that safe practices are in place and

evaluated per state requirements at these established business locations. Because the inspection process is a newer one, many tanning facilities in the area were not yet aware of the need for this required annual review. Only 6 were licensed with the State at start-up in 2012, and it is anticipated in 2013 we will begin the year with 15 additional tanning facility inspections.

Safety

An in-house safety committee was formed to actively evaluate and address our exposure risks and safety concerns in 2012. Representation from all disciplines/units is required. A successful review of several program areas has been conducted and the committee will continue to meet quarterly to address and correct issues that avail and refine and update related policies, training, and plan work as needed. In particular, our Rabies Program policies and procedures were carefully studied this year and a complete quality assurance program review developed and assessed to assure the safe handling and processing of animal specimens received in/collected for further testing.

In 2013, the committee will continue efforts focusing upon review of our Bloodborne Pathogen Exposure Plan and our Respiratory Protection Plan work as related to all Division needs within the Department as a whole (i.e.: Medical Examiner's Office, Senior Services, and Disability Services).

All Hazards / BT Preparedness

It is a pleasure to report that the annual LTAR (Local and Technical Assessment Review) team, comprised of both State and Federal representatives, audited our Preparedness Unit's program status, operational policies and procedures, exercise regimens, etc., and supplied us with a 98% compliance score with all State DOH requirements. Our Preparedness team has remained dogmatic in ensuring Gloucester County stands at the ready in addressing any public health related emergency.

This Unit continues to build upon and expand the volunteer base that participates in our Medical Reserve Corps (MRC), a group we've worked to increase and develop in concert with the Camden County Health Department. At this point in time, we have successfully recruited, trained, and retained a total of: 181 Volunteers in total with, 137 categorized as Professional/Medical volunteers; and 44 categorized as Community Based/Support volunteers. The challenge in the years to come will revolve around continuing this growth initiative, ensuring relevant training is in place, encouraging exercise participation, and ensuring retention of our volunteer base. Both Mental Health and Disabled Services population components will be tied in, and thus, much plan work has yet to be developed, formalized, and exercised as we collectively work to effectively respond to emergencies that arise.

The upcoming 5-year preparedness plan work is expected to change rather significantly while subsequent funding is expected to decrease somewhat. That funding number still remains undetermined. Program objectives are expected to become directed towards addressing areas of need which include, but are not limited to: Medical Sheltering; Fixed Facilities; and our Functional Needs populations. As a result, we anticipate working closely with our sister Division, the Office of Disability Services in preparation of this planning process and policy/plan work development initiative to ensure a prepared and cohesive response.

This unit was challenged this year, as it was last August 2011 (Hurricane Irene), in assisting with Hurricane Sandy emergency response preparations and response efforts. Our assignment was to set-up and staff a Medical Needs Shelter in tandem with the American Red Cross' general shelter. Once again, the experience proved invaluable to our staff. We were fortunate and shelter needs remained at a minimum throughout the storm crisis. This however, permitted our Nursing staff in particular, to conduct thorough reviews of scheduling needs, prepare messaging that was sent out to our local Medical Reserve Corp, prepare inventory lists and obtain medical supplies and equipment, and finally the ability to pursue a complete inventory of our mobile medical supply trailer/unit. Our Medical Examiner's Office readied the refrigerated mobile trailer unit in the event it became necessary. Fortunately for us, Gloucester County was spared any major damage from the storm. The end result however, permitted us to better plan for future emergencies and needs.

Health Education

Our Health Education unit continues to be led by an energetic and forward thinking team who are always looking to add a new dimension to our programming. The unit added an additional exercise program component this year, entitled Sunrise Yoga. Staff obtained certification to offer this exercise program, in which our seniors in particular, have taken a special interest in.

This unit continues to promote and offer the well received free Women's Health Summit, held annually each October. The purpose is to encourage women and their families to receive pertinent health related educational sessions, materials, information, screenings, and various products to ensure their improved overall mental & physical wellbeing, while offering exposure to those health related community resources available to them. The event promotes a multitude of health care providers and retailers in the area who can assist with individual interests and needs. It has also served as a popular venue to tout the myriad of county departments and service/program offerings provided by our very own County. We expect to see approximately 500 program participants at this event this year.

An area under development, which this unit will take the lead in surrounds the development of highlighting and promoting Department wide programs, services, and topics of public health interest. A potpourri of topics has been generated and we hope to establish interest in the various news releases and advertisements posted reflecting the many programs we offer, services we deliver, and any relevant topics that the public may have an interest in throughout the year. We expect this effort will bring positive attention to that which we offer in achieving a "healthier" Gloucester County.

Thus far in 2012, the following subject matter has been highlighted: Flu Immunization Program & Clinics; Pertussis; West Nile Virus and Rabies Updates; Healthy Eating for the Holidays; WIC programming/clinics; etc. We expect to continue the promotion of our various service programs and events while building upon topical subject matter to address public interest in the years ahead.

This unit has also served as the lead in coordinating all local partnership efforts and successfully completed our Comprehensive Health Improvement Plan work (Appendix III). As we focus upon resident interest and needs, various programs and services have been incorporated to ensure we offer a broad based and helpful service offering to tackle various needs, concerns and interests found through public survey and partner interviews. These programs are fully summarized in Appendix I.

A Look at Retirements

The face of this Division will change significantly over the next 5 – 7 years, as seasoned employees begin their retirements. Here we'll lose a vast knowledge and experience base as these employees move on leaving this Department challenged with ensuring the staff left in place are mentored and cross-trained to ensure a seamless transition upon their departure.

Thus far, one (1 RN) retirement took effect this 2012 program year. 10 employees are eligible to retire in 2013. Of these ten positions, 5 are licensed personnel (2- RN's and 3- REHS's), and 2 retain key administrative office support positions in our organization (payroll and purchasing/contracting leads).

Over the last several years, this department has worked diligently to responsibly reduce staffing levels. Our current staffing number remains at 51 employees. Of these 51 employees, 31 possess public health required licenses/certifications including: 1 – Health Officer; 13 Registered Environmental Health Specialists; 3 Community Health Education Specialists; 1 Medical Director; 9 Registered Nurses; and 4 Registered Dietitians. We remain focused upon ensuring the quality and level of services provided are not adversely impacted and as such, careful consideration and review of each independent position takes place in making formal recommendations to either replace or attrition various vacancies that arise.

Our workforce remains a very proactive and resilient one. As a Department, we aspire to seek service excellence and higher achievement in meeting the demands placed before us by the public. We remain committed to the authorities who retain oversight of us daily, as it is our combined expectation that a "healthier" Gloucester county will prevail as a result of our collective efforts. As a result, we have begun to focus this year, and shall continue doing so into 2013 and beyond on refining Methods utilized and Evaluation means to continually fine tune and maintain viable programs and services.

Methods & Evaluations

As we strive for service excellence in meeting our public health goals & objectives, this Department shall adhere to the following methods for continued self-evaluation and improvement:

- 1) Ensure ongoing Supervisory and staff program reviews;
- 2) Conduct annual reviews of policies and procedures; and
- 3) Expand and enhance upon Quality Assurance Program Initiatives conducted at a minimum, in 1 service/program area, within each unit of the Department annually.

Continuing with this self-analysis trend, we expect to adhere to the following evaluation processes throughout the year to ensure complete participation and attention provided by all staff avails:

- 1) Individual evaluation staff progress annually with employee input;
- 2) Evaluate all plan work for viability and efficacy of policies and procedures through annual review, with participation from all involved staff; and
- 3) Analyze and assess the outcomes of individual unit Quality Assessment Initiatives, review for best outcomes for improvement and program or services refinement and pursue follow-up discussion/updates with staff.

We anticipate these collective efforts will permit us to achieve service excellence in the array of public health services and programs offered within the Department of Health.

DESCRIPTION OF PROGRAMS AND SERVICES

Public Health Emergency Preparedness

(856) 218 – 4103

The Preparedness program tracks patterns of disease for unusual occurrences, plans for responding to emergencies and provides health-specific bioterrorism and other related preparedness information to the public. The Preparedness Program is available to answer questions and provide presentations to the public. All information and presentations are provided to the public without charge.

Community Coordination

NJLINCS is an electronic network created by public health professionals to provide information and/or enhance means to communicate with one another to protect the public's health. This internet based network of health departments located throughout the state, the New Jersey Department of Health and Senior Services, and public and private organizations. There are links to Federal agencies (i.e.: CDC) as well. Efforts are continued and ongoing in adding interested partners to this database for notification of emergency information.

Right-To-Know

The Right-To-Know unit provides education, training and counseling without charge to residents, public agencies, and private industry concerning the storage or handling of chemicals or potentially hazardous materials in the community, as well as any possible health impact.

Taskforce

A Public Health Preparedness Task Force was created in order to better prepare for man-made or naturally occurring hazardous events. The Task Force meets on a regular basis to update all emergency response partners regarding ongoing events in the County and to improve strategies to deal with potential emergencies. This task force participates in the Local Emergency Preparedness Committee (LEPC) quarterly meetings. Additionally, exercises and drills are conducted annually to continually test and improve upon emergency plans.

Volunteer Opportunities

Volunteering to help during a public health emergency can make a big difference in the lives of others. Should a public health emergency occur, medical clinics might be needed for mass distribution of medications and immunizations. In an effort to be ready, this Department continually strives to recruit health care professionals and interested persons who may wish to volunteer to help. The Medical Reserve Corps receives continual training throughout the year to ensure readiness in effective responses.

Body Art

Body Art includes tattoos, permanent cosmetics, and body piercing. Plans for facilities are approved in this program area and site inspections conducted to ensure compliance with state regulations.

Campgrounds

This surveillance program seeks to control sanitation and safety at campgrounds based upon State law and regulations. Routine site inspections are conducted annually. Some fees apply.

Food Surveillance

Food establishments include restaurants, super markets, grocery stores, delicatessens, taverns, mobile units, temporary food events, etc.. Any establishment or operation which offers to the public any food or beverage with or without direct charge, is subject to the provisions of Chapter XII of the State Sanitary Code. As a result, site inspections are conducted at least once annually for these establishments/facilities. Some fees apply.

Lead Abatement

This program operates in concert with the lead poisoning prevention component of the Department's Child Health program and focuses upon identifying the need and follow through of timely lead hazard removal (i.e.: lead-based paint) for children affected by lead intoxication. The service is provided to effected families without charge.

Public Health Nuisances

This program investigates various public health nuisances such as noxious weeds, insects, rodents, solid waste and certain housing conditions that avail. Local boards of health are urged to adopt codes that provide for uniform enforcement standards throughout New Jersey. Surveys and investigation of complaints received are carried out to identify such conditions and ensure enforcement action and abatement. This service is provided at no cost to our consumers.

Rabies/Zoonosis Control

This program seeks to prevent and control rabies and other zoonosis in animals through assuring compliance with rabies vaccination laws; adherence to standards in kennels, pet shops, shelters and pounds; the expeditious investigation of animal biting incidents; and control of stray dogs and other animals. These services are provided without charge.

Recreational Bathing

This program conducts sanitation and safety inspections of public bathing places (i.e.: swimming pools, spas and lakes). Some fees apply.

Youth Camps

Resident camps and day camps undergo periodic sanitary and safety inspections by this unit. The State Health Department conducts routine inspections of these establishments. This unit conducts pre-operational inspections for all new camps. Fees may apply.

Environmental Health

(856) 218 – 4180

Air Pollution Control

Complaints regarding smoke, particulate emissions, odors and open burning are investigated and resolved. Inspections include dry cleaners, paint spray facilities, and other Class B source facilities.

Hazardous Materials / Emergency Response

Investigations of spills of hazardous materials are conducted, ensuring that spills have been properly cleaned-up. Emergencies involving hazardous materials are answered while seeking to minimize exposure of residents and the environment. An interagency agreement with the Gloucester County Office of Emergency Management is in place which provides a team trained to respond to Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) incidents.

Noise Pollution Control

In cooperation with the NJDEP, complaints / requests concerning noise are investigated and resolved by this unit.

Safe Drinking Water

Potable Water surveillance includes the process of review of plans for potable water wells. This unit certifies the installation of wells through inspections and review of laboratory results. Complaints of water quality are investigated. Sampling programs in identified areas throughout the county are conducted of contaminated wells as necessary.

Solid Waste Control

Routine monitoring of all solid waste disposal facilities in the county is conducted to assure compliance with state standards. Additionally, citizen complaints and requests related to solid waste disposal are addressed.

Water Pollution Control

The water program has several distinct components, each of which focuses upon the ultimate protection of the public health (through protection of water supplies) and preservation of the quality of the natural environment.

Ground and surface water pollution control entails the sampling and analysis of ground and surface water sources throughout the county, the maintenance of an inventory of potential pollution sources, investigation of conditions which may present a hazard to public health, and the subsequent enforcement action as necessary.

Septic system plan review and installation approval encompasses a whole spectrum of activities designed to assure the proper disposal of sewage, protection of ground water and avoidance of nuisance conditions. As a public health agency, we encourage connection to public sewerage systems where possible. This County remains largely rural and many new housing developments rely upon individual sewage disposal systems.

Investigations of malfunctioning systems and associated nuisances and oversight of alterations and repairs to existing systems are also a part of the work of this particular unit.

Health Education	(856) 218 - 4106
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The Health Education program aims to encourage the optimal health of all people throughout Gloucester County by emphasizing health awareness, quality nutrition and adequate physical activity. All programs are offered free of charge and change to reflect and address interests and needs of our citizenry.

Arthritis “Move Today” Program

This exercise program is designed specifically for people with arthritis. The exercises taught use gentle activities and moves to help increase joint flexibility, maintain range of motion and improve muscle strength. It also helps to increase overall stamina. The program is run for one (1) hours per week, over a six (6) week period. Program participants may perform the exercises seated or with use of an assistive device throughout each class.

Presentations and Materials

Health Education presentations and materials are provided to civic groups, schools, worksites, senior citizens, and anyone else in the community requesting information. This unit serves as an excellent resource for anyone seeking information on any health related topic of interest.

Senior Health Connection

This is a community outreach program for senior citizens that offers health screenings for blood pressure, glucose and cholesterol as well as programs/services information geared specifically to our seniors.

“Step By Step” Walking Program

This unit provides a walking program designed especially for older adults. It is a one (1) hour per week program, which lasts for six (6) weeks. New strategies are introduced to make walking for fitness a natural part of our seniors lives as they move toward personal goals of increasing physical activity and improving individual levels of fitness.

Tai Chi

This exercise program includes agile steps and exercises that improve mobility, breathing and relaxation for program participants. The movements are slow and uninterrupted and are designed to provide a continual challenge by reversing the direction of movements. Seniors in particular, gain improved balance, strength, and flexibility. Instructors are certified and provide one (1) hour sessions each week, over a period of six (6) weeks.

Women’s Health Summit

Each October, this free annual event is provided for women, their husbands and their families. The primary goal is to bring as many resources together possible, to highlight services available in our community and encourage women to think about the importance of their own personal health. Educational workshops are provided throughout the summit and a number of health screenings are offered as well. Local area exhibitors also attend to share the products and services they too can provide to those with an interest.

Sunrise Yoga

Certified instructional staff offers this very gentle form of yoga, which teaches relaxation techniques and improves well-being. The program runs for one (1) hour each week over a six (6) week period.

Child Health Services / Clinics

This unit provides child health services to children aged 2 months to 6 years, who are without health insurance coverage, or whose insurance does not cover immunizations, physical examinations, and screenings for development. School required immunizations are also provided through this program for children grades K through 12, in order to attend school. Appointments are required and services are provided in two locations:

County Health Offices @ East Holly Ave.
204 East Holly Ave.
Sewell, New Jersey 08080
Tuesdays (8:30 am – 4:00 pm); and
Thursdays (8:30 am – Noon)

County Health / WIC Satellite Center
1000 Delaware Street
Paulsboro, New Jersey 08066
1st & 3rd Mondays (8:30 am – Noon)

Flu Vaccinations

Seasonal flu vaccinations are provided without cost to Gloucester County residents every fall in each municipality. A schedule of clinics is published and offered during the months of October through December. A number of Saturday and evening clinics are included in the hopes to increase accessibility to anyone in need. Eligibility restrictions and supply availability apply.

Health Screenings and Counsel

Free health screenings and other related health facts and information are made available to the public at our County Store monthly. All are welcome:

Deptford Mall (County Store)
1st Friday of Each Month
(8:00 – 10:00 am)

Public Health Nurses also provide health screenings and educational presentations/trainings to any interested organization, school, etc. and participate in a variety of community events upon request.

Lead Screenings

Lead screening is offered without charge to any uninsured child up to the age of 6 years old. Case Management services are additionally provided for any child with an elevated lead level.

Sexually Transmitted Diseases / Infections

Confidential referral, evaluation and treatment are made available at no cost to clients in regular and on-going clinics as listed:

County Health Offices @ East Holly
204 East Holly Ave.
Sewell, New Jersey 08080
Wednesdays (3:00 – 4:30 pm)

County Health / WIC Satellite Center
1000 Delaware Street
Paulsboro, New Jersey 08066
1st Tuesday (4:00 – 5:30 pm)

HIV Testing & Counseling

Confidential evaluation, counseling and referral are made available at no cost to clients in regular on-going clinics as follows:

County Health Offices @ East Holly
204 East Holly Ave.
Sewell, New Jersey 08080
Thursdays (4:00 – 5:30 pm)

Tuberculosis (TB) Control

Clients are diagnosed and treated for TB without cost. When medically advised, a public health nurse will supervise medication administration in the home. Clinic services are available by appointment only:

Counsel & Treatment

County Health Offices @ East Holly
204 East Holly Ave.
Sewell, New Jersey 08080
1st & 3rd Thursday (4:00 – 5:30 pm)

Testing

County Health Offices @ East Holly
204 East Holly Ave.
Sewell, New Jersey 08080
2nd & 4th Monday (9:00 – 11:00 am)

County Health / WIC Satellite Center
1000 Delaware Street
Paulsboro, New Jersey 08066
1st Monday (9:00 – 11:00 am)

Women, Infant's and Children (WIC) Program

(856) 218 – 4116

The Women, Infants and Children Supplemental Food Program provides services to pregnant or post-partum women, infants, and children under five years old. Services include food vouchers, nutrition education and counseling, health screenings, breastfeeding education and assistance, and referrals to other health and social service providers. The program is offered free of charge to eligible County residents at three convenient locations:

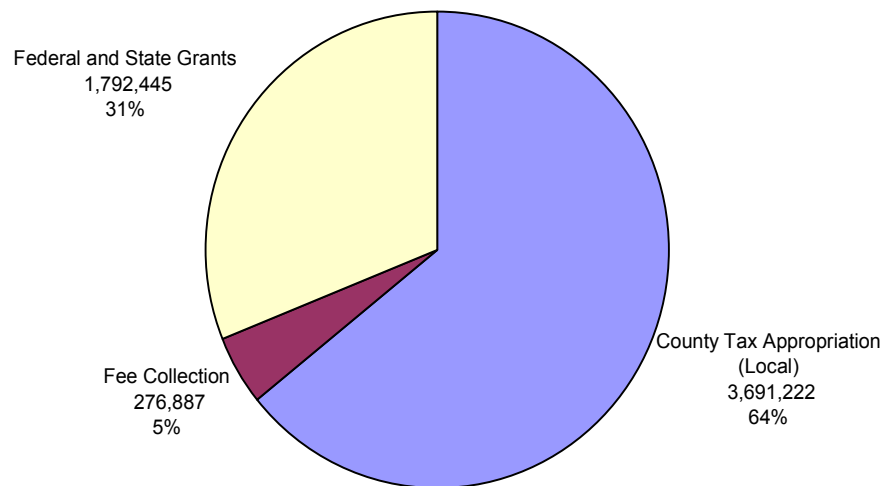
County Health Offices @ East Holly
204 East Holly Ave.
Sewell, New Jersey 08080
Monday – Friday (8:30 am – 4:30 pm)
(1st & 3rd Tuesdays - Extended evening hours until 6:00 pm)

County Health / WIC Satellite Center
1000 Delaware Street
Paulsboro, New Jersey 08066
Tuesday – Friday (8:30 am – 4:30 pm)
(2nd & 4th Thursdays - Extended evening hours until 6:00 pm)

Monroe Township Municipal Building
125 Virginia Ave.
Williamstown, New Jersey 08094
Mondays Only (8:30 am – 4:30 pm)

FINANCIAL SNAPSHOT

2012 FISCAL YEAR

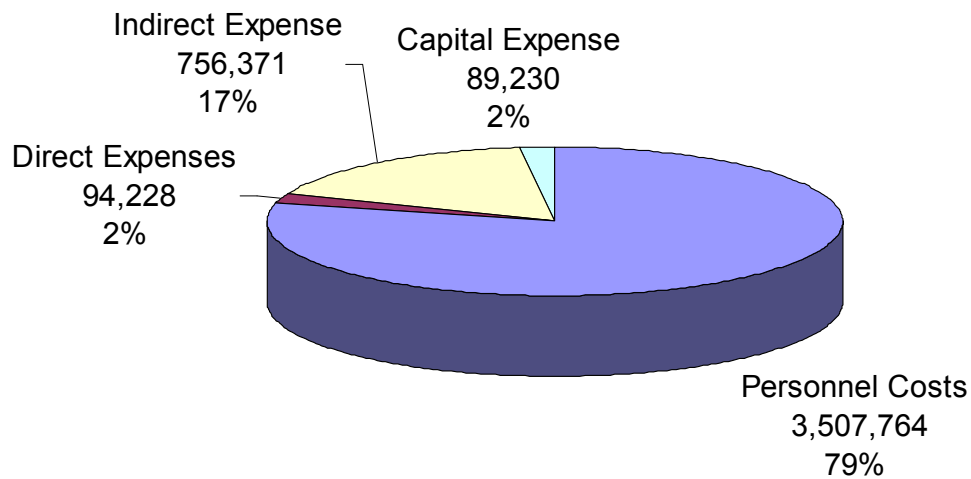


Federal & State Grants: All Hazards Preparedness; WIC; CEHA; Right to Know; Teen Pregnancy; And MRC

Fee Collection: Plan Reviews; Fines; and Solid Waste Fees

County Tax Appropriation: County applied dollars

2012 Expenditures



Personnel Costs: Staff salary and Fringe

Direct Expenses: Operational needs (i.e.: supplies; materials; etc.)

Indirect Expense: Building Costs; Utility Bills; etc.

Capital Expenses: Items purchased over \$500 and depreciated over a 5 year period minimum

APPENDIX I

(A Look Ahead: 2013 Goals & Objectives)

2013 GLOUCESTER COUNTY DEPARTMENT OF HEALTH GOALS & OBJECTIVES

ADMINISTRATIVE SERVICES

AUTHORITY

The Gloucester County Department of Health, as does each county and local health department in the state, derives its authority from, and operates pursuant to, New Jersey Statutes Annotated (NJSA) Title 26, Health and Vital Statistics. Functioning under the aegis of the County Board of Chosen Freeholders, the department is charged, through state law and regulation, with programmatic responsibilities in two major areas:

1. NJSA 26:3A2-1 to 20: the Local Health Services Act, requires that a program of “Public Health Practice Standards of Performance...” found at N.J.A.C. 8:52, as prescribed by the New Jersey Public Health Council, be established and maintained. The Gloucester County Health Department works through and with the New Jersey State Department of Health and Senior Services (NJDHSS) in the planning, funding, implementation, monitoring, and evaluation of a wide array of services under this act.

2. NJSA 26:3A2-21 to 33: the County Environmental Health Act, requires that a county health department provide environmental health services in the categories of air, water, noise, and solid waste. The Gloucester County Department of Health maintains an on-going working relationship with the New Jersey Department of Environmental Protection and Energy and its representatives, in assuring that the provisions of the act are carried out.

VISION

The vision of the Gloucester County Department of Health is to provide a healthier future for Gloucester County residents through community partnership and involvement.

MISSION

The mission is to “Achieve a Healthier Gloucester County” and is accomplished through:
1) Preventing illness and injury; 2) Promoting good health practices; 3) Keeping the environment clean, healthy and safe; and 4) Helping to prevent and prepare for all-hazards natural and manmade public health disasters and emergencies.

ORGANIZATION

The Gloucester County Department of Health is structured along five (5) major units:
1 – Administration Services, 2 – Environmental Health Services, 3 – Personal Health Services, 4 – Public Health Emergency Response/Preparedness Services, and 5 – Health Education Services. This structure is designed to provide for division of function and responsibility according to major program areas and each unit is headed by an appropriate, qualified individual.

This division includes the office of the Director and is the origin for the provision of the overall administrative mechanism necessary to carry out the four basic management functions:

planning, organizing, leading, and controlling/accountability. Personnel administration and fiscal management and oversight are major functions within this unit.

PERSONNEL ADMINISTRATION

The task of initial recruiting and screening for new hires and subsequent processing is the responsibility of the appropriate unit supervisor, and the Director. Recommendations are made for Freeholder consideration based upon education, experience, and ability.

GOALS AND OBJECTIVES:

It is of primary concern that staff receives appropriate job – related training throughout the year, to remain abreast of current trends and new direction, while also ensuring continuing educational credits are obtained. An internal Professional Development Committee has been assembled to ensure training needs are routinely assessed and address employee needs. Administration will ensure appropriate training course schedules and staff attendance are attained. All Staff continue to be evaluated annually to assure they remain abreast of current practices and operational standards, and possess individualized development plans and objectives to move programs, services, and individual staff progress forward.

FISCAL ADMINISTRATION

This includes all revenue and expenditure control, payroll (time and attendance) management, purchasing, supplies and equipment inventory, physical plant management, grants and contracts management, licensure processing, data compilation and reporting and budget preparation, presentment and control. Approximately 30% of this budget is funded from non-County revenues. Alternate funding sources are actively sought to offset the County contribution gap.

GOALS AND OBJECTIVES:

The primary goals of the Fiscal Administration Unit of the Department are:

1. Assure that financial resources adequate to the Department's needs are provided and
2. Assure that appropriate fiscal control is established and maintained, in accordance with generally accepted accounting standards, and under the review of an external auditor.

PLANNING

Community Health Assessment (MAPP Process) coupled with the Community Health Improvement Plan (CHIP) will continue with the Department Vision to provide a healthier future for Gloucester County residents through community partnership and involvement. The Mission will be fulfilled via partnerships as we look to assess and monitor the county's health needs and concerns, while developing plans that promote and improve the health of the communities we serve. Thus far we have or expect to:

- Complete a renewed 3-year comprehensive Community Health Improvement Plan (CHIP), released in 2011. This updated CHIP will serve as the backdrop to shape programming as identified in several focus areas of public health concerns, merge

with the goals & objectives of Health People 2020, and highlight and promote activities related to attaining identified public health concerns and goals.

- Continue to develop, implement, and provide activities identified in the CHIP, including the identification of key participants and partnerships, and work plans.
- Continue to conduct 2 semi-annual Community Partnership meetings for MAPP and Local Boards of Health.
- Work collectively with local area hospitals, and both Camden and Burlington County Health Departments in a regionalized effort to survey our communities to conduct a collective and comprehensive needs assessment, identify health gaps in the area, and plan in partnership, future programming needs accordingly.
- Continue disease surveillance for outbreaks and influenza- like illnesses, to mediate transmission and determine cause: ILI surveillance with 4 schools, 4 Long-term Care Facilities, 2 hospitals, and, at least, one sentinel provider.
- Provide Right-To-Know activities:
Survey at least 50 program participants for compliance and issue notice of violation to those entities not in compliance.

SAFETY

As a part of our Quality Assurance Initiatives, this Department will conduct regular and ongoing safety meetings to review the states of OSHA compliance; program protocols; staff training needs; etc.

- Each Unit designee will represent unit interests, discuss concerns, and provide input into this quarterly review process.
- An annual self-assessment will be conducted which will include and incorporate input from all staff.
- Annual trainings will be developed based upon identified gaps; safety needs, and other related concerns.

PRACTICE STANDARDS

- Provide public health services in accordance with outlined New Jersey Public Health Practice Standards of Performance.
- Plan and participate in quality improvement initiatives/measures with staff: review of outputs, establish baselines, interpret data, revise goals, as appropriate, etc..
- Evaluate and review individual programs within divisions at least once, during the

course of the 2013 calendar year.

Partnerships

Continue partnerships with other public & private agencies including but not limited to: Local area hospitals; FQHC's; area Minute Clinics; Southwest Council- Glassboro; Emergency Medical Services- Woodbury; Gloucester County Emergency Management- Clayton; Gloucester County Highway Safety Task Force- Woodbury; Local Boards of Health; BioWatch Advisory Group- Trenton; NJ Association of County Health Officer; Cities Readiness Initiative - Phila, Pa.; Other LINC'S agencies; our counterparts; and the southern Regional Gov. Public Health Partnership Center for Excellence in Public Health Initiatives.

GOALS & OBJECTIVES: Continue to expand the partnership work base and ensure informal/formal agreements are in place with all partnering agencies. Meet regularly with all community partners, and encourage the spirit of cooperation, issue of communication, program participation and/or referrals, etc. are effective and on track.

Ensure this partnership group remains abreast of the current CHIP (Comprehensive Health Improvement Plan). Collaborative efforts will take place to ensure established objectives are achieved.

Professional Development

The principle mission of the Professional Development Committee revolves around identifying educational needs, as well as resources to conduct or oversee and track training that will foster professional development for Health Department staff.

A minimum of two training sessions will be offered annually, to provide Public Health Continuing Education credits to staff. Establish and maintain a standard in programming, recordkeeping, and implement effective and high quality educational programs in order to provide N.J. Public Health contact hours (CEU credits).

Additionally, at least 2 regular full staff meetings will be conducted throughout the year, where staff is provided with policy related training/updates; a review of programmatic procedures/trainings; offered operational updates/information; etc. to ensure all employees remain abreast of current trends; department efforts; and administrative status/updates.

Accreditation Process

- Review process in 2013;
- Review Best Practices and apply accordingly throughout disciplines;
- Prepare and Conduct a Workforce Assessment annually;
- Prepare a Strategic Work Plan

- Ensure that a Quality Assessment/Improvement Plan is actively in place and reviewed annually

ENVIRONMENTAL HEALTH SERVICES

An Environmental Health Coordinator oversees the Environmental Health Unit. Environmental Health is comprised of two (2) major sections: Consumer Health Services and Environmental Quality. Each section contains a number of programs (described below), and a Chief Registered Environmental Health Specialist supervises each section. The remaining staff compliment for this division includes 1 Principal Registered Environmental Health Specialist, 2 Senior Registered Environmental Health Specialists, 5 Registered Environmental Health Specialists, 1 Environmental Compliance Investigator, and 2 Clerical Personnel.

All environmental staff, with the exception of clerical support and Environmental Compliance Investigator, are required under their license requirements to obtain a minimum of 15 CEU credits per annum as defined by the NJ Department of Health and Senior Services, Office of Local Health.

Consumer Health Services

An on-going program of sanitation and safety assurance is carried out in a number of areas as stipulated in "The Public Health Practice Standards" in N.J.A.C. 8:52. Sanitary inspectors or registered environmental health specialists, trained and licensed in accordance with state law and regulation, conduct both routine inspections of various establishments as well as special surveillance and investigations. The thrust of this work is aimed toward the enforcement of public health laws and regulations including Title 26 and 24 and the various chapters of the State Sanitary Code. An essential and critical element of this process, however, is education - the day-to-day effort on the part of registered environmental health specialists and their experienced supervisors to bring about voluntary compliance (and thus avoid legal action) and maintains a level of sanitary standards in the community.

Campgrounds, N.J.A.C. 8:22

Goal: Control sanitation and safety at campgrounds by maintaining a surveillance program of such facilities based upon State law and regulations.

Objectives:

1. To conduct compliance inspections on 6 facilities and re-inspections as required
2. To review construction/site plans for all new facilities
3. To initiate enforcement action to obtain compliance

Food Surveillance N.J.A.C. 8:24

Retail food establishments in the County number 1350 and include restaurants, mobile units, vendor unit, and temporary food establishments. Any establishment or operation which offers to the public

any food or beverage with or without direct charge is subject to the provisions of Chapter 24 of the State Sanitary Code. Food establishments will be categorized based on risk. Prepackaged food facilities are considered a risk factor 1. Facilities that minimally prepare food are considered risk factor 2. Facilities that require a lot of food preparation will be considered risk factor 3. Special processes such as sushi and smoking of foods are risk factor 4.

The performance standards require annual inspections for facilities. Concentration will be given to Risk Factor 2, 3, and 4 facilities. 2 inspections will be completed each year at schools where food is prepared to comply with USDA guidelines for the federal food program. Risk Factor 1 facilities will be inspected upon opening and on a complaint basis thereafter. The estimated number of inspections, including re-inspections, will be 1600.

The code requires all managers/operators of risk factor 3 and 4 facilities to obtain a food service certificate from a state approved food manager's course. Our Department continues to work with Gloucester County College to provide the state approved food manager's course within the County.

Goal: Maintain surveillance of retail food establishments and vending machines dispensing potentially hazardous foods by conducting a program based upon State laws and regulations.

Objectives:

1. To inspect retail food establishments, mobile units, and vending machines based on the performance standards, Risk Factor 2, 3 & 4 facilities annually, Risk Factor 1 facilities as necessary.
2. To conduct re-inspections as required (approximately 20% of all establishments)
3. To review construction/renovation plans for new or extensively remodeled establishments
4. To investigate an estimated 100 complaints, 1 food poisonings and 10 misbranding/adulteration incidents
5. To sample, embargo, condemn, supervise destruction and transport samples of suspected/known adulterated, misbranded, or unwholesome food
6. To assist State Department of Health with food recalls and recall effectiveness checks
7. To initiate enforcement action to secure compliance
8. To enforce requirement that all food service supervisors for Risk Factor 3 and 4 to have obtained ServSafe or equivalent certification.

Youth Camps N.J.A.C. 8:25

Resident camps and day camps in Gloucester County undergo periodic sanitary and safety inspections. The total number of youth camps in the county is 8. The State Health Department ceased the inspection of youth camps inspections in 2011. They require our Department to conduct the inspection of these establishments with the exception of ACA certified camps.

Goal: Conduct an inspection program for controlling sanitation and safety at youth camps based upon State law and regulations.

Objectives:

1. To conduct inspections at 8 facilities unless ACA certified.

2. To conduct re-inspections for facilities as necessary.
3. Forward copies of inspection reports to the State Dept. of Health as required.

Recreational Bathing - N.J.A.C. 8:26

An on-going (although largely seasonal) program of sanitation and safety at 86 public bathing places i.e., swimming pools and lakes is conducted in accordance with Chapter IX of the State Sanitary Code.

Goal: Control sanitation and safety at public bathing places (i.e., swimming pools, spas/hot tubs, lakes) by maintaining a surveillance program of such facilities to ensure compliance with current "Recreational Bathing" regulations contained in the State Sanitary Code.

Objective:

1. To investigate all complaints
2. To conduct pre-operational inspections for all facilities
3. To conduct compliance inspection for facilities during the bathing season and reinspections as required.
4. To review construction/site plans for new facilities
5. To collect water samples (non-potable) and conduct sanitary surveys for facilities (lakes only) not meeting water quality standards
6. To take enforcement actions when unable to obtain compliance
7. To investigate all fatal/serious accidents

Public Health Nuisances and Housing Complaints (Codes are adopted by reference by the municipality)

This program includes the investigation of various public health nuisances such as noxious weeds, insects and rodents, solid waste and certain housing conditions. Local boards of health are urged to adopt by reference certain model codes made available by the State Health Department, which allows for uniform enforcement standards throughout the state. Surveys and investigations of complaints are carried out on an on-going basis to identify such conditions and ensure enforcement action and abatement. It is anticipated that 200 investigations will be conducted.

Goal: Conduct a public health nuisance and housing complaint program in accordance with applicable State laws and local ordinances to ensure abatement of identified nuisances including, but not limited to housing, insects and rodents, and noxious weeds, achieved through complaint investigations and appropriate follow-up.

Objectives:

1. To conduct an estimated 200 complaint investigations. Conduct follow-up visits where warranted.
2. To initiate an estimated 20 enforcement actions to obtain compliance.

Lead Abatement N.J.A.C. 8:51

Goal: Oversee the Environmental Abatement component of the Department's Childhood Lead Poisoning Prevention Program to assure timely removal of lead hazards (i.e., lead-based paint) for children affected by lead intoxication.

Objectives:

1. To investigate and collect samples to identify lead sources in residences of children referred from the Lead Coordinator
2. Enter inspections into the new State database
3. To conduct follow up visits to determine compliance
4. To initiate enforcement actions (as appropriate) to ensure abatement
5. Conduct assessments on properties for Economic Development for lead.

Rabies/Zoonosis Control N.J.A.C. 8:23

Prevention and control of rabies and other zoonoses in animals requires an on-going vigilance through programs that assure compliance with rabies vaccination laws, adherence to standards in kennels, pet shops, shelters and pounds, the expeditious investigation of animal biting incidents and control of stray dogs and other animals.

Goal: Provide for the control of rabies and other zoonoses through a program based upon State law and regulation and in cooperation with this County Animal Shelter Program.

Objectives:

1. To respond to all complaints and requests concerning rabies control
2. To process animal bite reports and ensure biting animals are properly quarantined
3. To inspect 12 Kennels and Psittacine Bird Records. Obtain information on Pounds/Shelters, Pet Shops for new pet shop requirements
4. To ensure that an annual dog canvass is performed by all municipalities in this County
5. To provide consultations with physicians, veterinarians, and bite victims concerning rabies prevention
6. To provide transportation of suspect animal specimens to the State Health Department laboratory for the purpose of rabies analysis
7. To initiate enforcement actions as necessary to obtain compliance with rabies prevention laws and regulations

West Nile Virus

Goal: Work with the Gloucester County Mosquito Control to ensure that mosquito-breeding areas are addressed. Work with the Gloucester County Animal Shelter to ensure that crows requiring testing are properly prepared and delivered to the laboratory for testing.

Objectives:

1. Prevent standing water to become breeding area for mosquitoes by responding to complaints about abandoned pools, old tires, etc.

2. Screen calls for pick up of specimens by the Animal Shelter.
3. Ensure birds are viable sample specimens and that they get to the laboratory for testing. 3 crows were submitted to the state for testing. No crows tested positive. Residents and Mosquito Control notified of all positive crows.
4. Educate the public in the prevention of mosquito breeding.

Body Art N.J.A.C. 8:27

Department to ensure existing and new facilities complied with the regulations. Body art regulations cover tattoo parlors, piercing, and permanent cosmetics. There are currently 30 facilities in Gloucester County.

Goal: Ensure that facilities are operated in a sanitary manner to prevent infection. Ensure adequate medical follow-up is available if a problem occurs.

Objectives:

1. Review new and existing facility plans.
2. Issue new and existing licenses to operate to all facilities.
3. Inspect each facility annually

Occupational Health N.J.A.C. 8:59

Goal: To prevent and/or ameliorate disease, disability, hazards and unsafe conditions in the workplace.

Objective:

1. Maintain a comprehensive profile of all employers in each designated four digit Standard Industrial Classification (SIC) operating within our jurisdiction. The profile should utilize Department of Labor and Right to Know data.
2. Maintain an occupational health resource directory and make appropriate referrals in response to requests for information or complaints.
3. Train one staff person in Occupational Health and Industrial Hygiene through the NJDHSS.
4. Conduct initial and follow-up interviews using standardized forms and procedures developed by the Department of Health after receiving reports of occupational disease cases.
5. Conduct a preliminary walk through survey in response to reported occupational disease or referrals from the Department of Health.

Tanning Salons N.J.A.C. 8:28

Ensure new and existing tanning facilities meet the requirements of the newly established regulations, Chapter 28, through annual inspection, investigating complaints and determining whether the tanning facility is in compliance with the standards. Promote skin cancer prevention and disease awareness through annual inspections and education. There are currently 6 licensed tanning facilities identified in the Gloucester County. There are an additional 31 facilities that have not become licensed with the State.

Objectives:

1. Review new facility plans.
2. Issue new and existing licenses to operate to all facilities.
3. Inspect each facility annually to ensure continued substantial compliance with the standards

Environmental Quality

Under the County Environmental Health Act (CEHA), the county is charged with the responsibility for conducting control programs in the areas of air pollution, water pollution, noise pollution, solid waste, and hazardous materials response; programs which will assure the protection and preservation of the quality of the environment, particularly as it impacts upon human health. The Department works very closely with and on an on-going basis with the NJDEP in these areas and currently receives a matching grant, which is applied to the implementation of CEHA program standards. In addition, field personnel in work for NJDEP must have safety training in keeping with the PEOSH regulations. Initial training must be 24 or 48 hours. An annual 8 hour refresher is required.

Air Pollution Control

Complaints regarding smoke, particulate emissions, odors and open burning are investigated and resolved. Inspections of dry cleaners, paint spray facilities, and other Class B source facilities. Air pollution control permits and devices on incinerators and other facilities are reviewed and examined where called for. Inspections are conducted through an interagency agreement with the Gloucester County Office of Emergency Management (OEM).

Goal: Ensure that air emissions within the county are in accordance with NJDEP standards and the quality of the ambient air in the county is in as healthful a condition as possible. There are 27 dry cleaners and 238 B-source facilities.

Objectives:

1. To respond to air discharge emergencies by aiding and assisting NJDEP
2. To conduct air pollution investigations from citizen and NJDEP complaints To conduct follow up visits as required
3. To conduct compliance inspections of minor source facilities in the County based upon assigned numbers from NJDEP
4. To monitor open burning activities conducted via NJDEP permit
5. To assist NJDEP on inspections of major and minor source facilities upon request
6. To maintain certification of staff in visual emissions control. Attend additional and continuing education courses given by NJDEP and USEPA
7. To promote the adoption of a local air pollution ordinance and code where necessary
8. To issue formal written notices of violation

Water Pollution Control

The water program has several distinct components, each of which is aimed at the ultimate protection of the public health (through protection of water supplies) and preservation of the quality of the natural environment:

1) Ground and surface water pollution control entails the sampling and analysis of ground and surface water sources throughout the county, the maintenance of an inventory of potential pollution sources, investigation of conditions which may present a hazard to public health, and the subsequent enforcement action as necessary. Water samples have been collected by the Department for mercury and volatile organic compounds. Surveys are conducted around contaminated wells identified by our new well program and the Private Well Testing Act. The exceedances reported to the Department under the act have greatly increased the resources required for sampling.

2) Sewage systems management encompasses a whole spectrum of activities designed to assure the proper disposal of sewage, protection of ground water and avoidance of nuisance conditions. As a public health agency, we encourage connection to public sewerage systems where possible. While the County of Gloucester remains largely rural however, most new housing construction will require the installation of on-site, individual sewage disposal systems. A large part of the work of the Environmental Quality Section is taken up with surveillance in this area and includes the review and examination of design plans and the inspection of system installations to assure compliance with code specifications.

The regulations were revised in April of 2012. The Department has become involved with reviewing real estate inspection reports due to the revision. The number of repairs and/or replacement systems concerning real estate transactions has increased dramatically. New construction is now reduced due to the economy. The Health Department has offered a model code on septic systems to each municipality for adoption. The code would better enable our Department to deal with malfunctioning septic systems and would enable engineers to utilize new technologies for septic systems. Glassboro and Logan Township are the only municipalities to adopt the model code.

Development in the southern end of the county is near streams and close to freshwater wetlands. A wetlands delineation must be completed if possible soil conditions are on the proposed lots. Failure to have the delineation completed has delayed approval of septic systems for as much as 6 months.

Also, investigation of malfunctioning systems and associated nuisances and oversight of alterations and repairs to existing systems are part of the work of this office.

3) Potable Water surveillance includes the process of review and approval/disapproval of plans for potable water wells, the issuing of certifications and the sampling and inspection of all new well installations in the county. Gloucester County requires water samples for new and replacement wells that match the parameters in the Private Well Testing Act.

Goal: Ensure the preservation and improvement of ground water and surface water quality through a variety of activities via a contract with NJDEP

Objectives:

1. Conduct 78 complaint investigations. Follow up visits conducted as required
2. Issued well plan certifications as required
3. Conduct well installation inspections/re-inspections
4. Issue septic system plan review and approvals as required
5. Conduct septic system installation inspections and re-inspections
6. Collect water samples for mercury and volatile organic compounds (VOC) as required
7. Conduct inspections of 25 % of the transient public non-community supplies and 50% of the non-transient public non-community supplies
8. To issue formal, written notices of violation, sign court complaints, and refer complaints to NJDEP

Solid Waste Control

The Department conducts on-going routine monitoring of all solid waste disposal facilities in the county to assure compliance with state standards and responds to citizen complaints and requests related to solid waste disposal.

The Department has an interagency agreement with the Gloucester County Improvement Authority (GCIA) for the inspections of apartment buildings, commercial establishments to ensure they are recycling. The GCIA will also enforce waste flow within the County.

Goal: Ensure that solid waste is disposed of properly in the county via contract with NJDEP.

Objectives:

1. To conduct 48 major facility inspections
2. To conduct 22 exempt compost facility inspections
3. To conduct 44 recycling and farm mulching inspections
4. To conduct 20 complaint investigations. Follow up as required
5. To issue notices of violations and sign complaints in court

Noise Pollution Control

In cooperation with the NJDEP, complaints/requests concerning noise are investigated and resolved.

Goal: Conduct a noise pollution program via contract with NJDEP on a complaint basis to ensure noise levels are maintained within State regulations.

Objectives:

1. To conduct complaint investigations for industrial and commercial operations and stationary emergency signaling devices as required
2. To promote adoption of approved noise control ordinances in affected communities
3. To issue notices of violation and refer to NJDEP for enforcement action

Hazardous Materials/Emergency Response

Gloucester County has formed a hazardous materials team through the OEM. Gloucester County Department of Health and Senior Services has entered into an interagency agreement with OEM.

OEM will provide hazmat services to our department. The NJDEP recently approved the cost recovery ordinance that the County of Gloucester approved in 2005. Recovery of expenses is predicated on NJDEP approval for a response. Cost recovery will be placed in the EQEF fund.

OEM responds to low level environmental investigations that were forwarded by the NJDEP through their Assessment Team.

Goal:

Be prepared and respond to emergencies involving hazardous materials to minimize the exposure of the public and emergency responders to these chemicals and to ensure the proper clean up of the material in the environment through a contract with NJDEP. All activities conducted at OEM.

Objectives:

1. To respond to 20 hazardous materials emergencies
2. To conduct 69 low level environmental investigations
3. To issue notices of violation and refer incidents to NJDEP for enforcement

Geographical Information System

This program was funded through the CEHA grant. Workstations were placed in the Health and Planning Departments. The ARC/INFO software was purchased. The system will provide the beginning of a database that is coordinated with maps. The system may provide the base for a countywide database. The plan is to expand the data collection to add additional layers to the GIS. Software and hardware have been purchased in a joint project with the Office of Data Management to provide maps online using a web browser.

Goal: To develop databases for use with countywide maps.

Objectives:

1. Provide software to the Planning Department for operating GIS
2. Maintain coverage of water contamination for mercury and volatile organic compounds.

Special Projects

Special projects will be submitted to the state as part of the CEHA grant. The additional projects will increase compliance and funding in the specified areas.

Goal: To complete projects for environmental compliance

Objectives:

1. Inspect landscapers, schools, food establishments, and apartments for compliance with pesticide regulations.

2. Utilizing a list from the NJDEP, visit businesses in the County that have failed to file community Right to Know survey forms with the state for the last 2 years. Issue penalties for non compliance.

HEALTH EDUCATION SERVICES

The Health Education Department develops programs to address various community needs; including many events and presentations to promote wellness and disease prevention throughout the community. Presentations and information are available on topics ranging from nutrition, exercise, physical fitness, cancer awareness, environmental concerns, and various other health topics of public health interest.

Goal:

Design, conduct and evaluate activities that help improve the health of Gloucester County residents. These activities can take place in a variety of settings that include schools, communities, health care facilities, businesses, universities and government agencies.

Objectives:

- Coordinate county-wide Women’s Health Summit showcasing a variety of county services, and provide residents with education and information regarding a variety of health issues, partner with various healthcare providers to offer an array of health screenings, encourage local vendors to promote health related products/activities/etc..
- Implement “Step by Step” and Sunrise Yoga fitness programs to a minimum of 90 participants throughout our communities.
- Provide a minimum of 6 “Move Today” senior arthritis exercise programs/sessions.
- Provide “Tai Chi” to an average of 60 clients at a minimum of five site locations.
- Collaborate with area stakeholders and agencies in the region to provide health education services and limit duplication.
- Coordinate health events and health screenings and ensure staff availability/coverage.
- Evaluate health education objectives and programs quarterly or as needed, to ensure they meet CHIP guidelines as well as public interest/demands.
- Plan, organize, and develop a program of health education for the community. Focus will be placed upon public health topics as well as CHIP driven concerns and objectives.
- Coordinate Professional Development committee and conduct quarterly meetings to ensure trainings are offered biannually (at a minimum).

- Committee will identify staff educational needs as well as resources required to conduct and provide training that fosters the professional development of all Health Department Staff.
- Public Health Continuing Education credits will be sought
- Convene a Gloucester County Obesity/Wellness Committee in order to develop a plan to promote awareness of existing nutrition/fitness and wellness programs to residents.
- **Mission Statement:** The Gloucester County Obesity Prevention Committee’s mission is to bring together interested parties, both public and private, in a collaborative effort to promote healthy lifestyles through physical activity and nutrition for children and families of Gloucester County.
- Promote the Gloucester County Wellness (Prescription Drug) Discount Program throughout the year to un-insured and under-insured groups.

PERSONAL HEALTH SERVICES

Mission Statement

The mission of the Gloucester County Nursing Department is to protect the public from harm and infirmity while striving to promote, preserve, & protect the health & wellness among all the people of Gloucester County.

Vision Statement

The Gloucester County Nurse will strive to meet the goals set forth by the Department of Health, Senior and Disability Services by providing competence based, culturally appropriate and compassionate healthcare.

Programs

Personal Health Services impacts the community through three (3) different initiatives:

1. Child Health and Wellness
2. Communicable Disease Prevention
3. Community Health Screening and Education

Each office is served by a staff of highly credentialed and experienced professional, technical, and support personnel.

I. CHILD HEALTH and WELLNESS

The Health Department provides ongoing Child Health Conference (Well-Child) clinics for the health supervision of infant and pre-school youngsters. Scope of services includes physical

examinations, growth and development screening & counseling, health education, immunization and, when appropriate, referral. .

GOALS:

1. To ensure that comprehensive pediatric well health care is provided to at least 60% of the medically indigent children under the age of 6.
2. To promote health through vaccination administration and awareness of emerging infectious diseases effecting the pediatric population.

OBJECTIVES:

1. To deliver, wherever necessary, those services as required by the Child Health Conference manual of standards which include complete physical, vision, hearing, lead and anemia screenings, immunizations, and accident prevention.
2. To serve as the preventative care source for individuals and families without insurance or the ability to receive comprehensive preventative services.
3. To identify already present and/or emerging problems in children. Continue our focus on childhood obesity in 2013. Child Health staff will raise awareness and provide education to parents regarding the dangers of obesity and strategies to promote healthy weight.

METHODS:

1. Pediatric Nurse Practitioner (PNP) conducts 10 child health clinics monthly. Sessions are comprised of physicals for preschool admission, health screenings, developmental evaluations, immunizations and nurse counseling.
2. All identified high-risk children are screened for anemia, lead poisoning and nutritional deficiencies.
3. Children are referred for follow-up as appropriate, often to programs within the department.

EVALUATION:

1. State audit; which focuses on documentation of activities, related to achieving objectives in accordance with state standards and timeliness of vaccine administration.
2. Internal review through comparison of monthly, quarterly and yearly reports.

3. County wide school immunization audits are conducted to determine the level of immunity amongst children enrolled.
4. As of August 24th, 367 child health visits were recorded for this year.

II. COMMUNICABLE DISEASE

1. REPORTABLE DISEASE

Provides for the surveillance, investigation and control of reportable diseases including acute communicable diseases, occupational diseases or incidents and other disease manifestations and ensures the prompt reporting of same to the State Department of Health and Senior Services and implementation of appropriate control measures. To date, 831 reportable disease reports were investigated and completed by our communicable disease staff. As consistent throughout the state, we have seen a drastic rise in the number of pertussis cases this year.

GOAL:

- a. Reduction of morbidity and mortality as a result of the spread of communicably transmitted diseases.

OBJECTIVES:

- a. To identify any unusual incidence of disease through surveillance of all disease reports.
- b. To educate and raise awareness with healthcare partners regarding reportable diseases in Gloucester County

METHODS:

- a. All disease reports are conducted by staff trained in investigation and CDRSS reporting.
- b. Investigations of an unusual nature are begun when 2 or more related cases are identified that are not from the same household.
- c. Participation in community based educational services including Blood Borne Pathogen training, Meningitis in-services for teachers, and Sexually Transmitted Disease lectures to schools.
- d. Coordination of reporting efforts among physicians and hospital Infection Control practitioners is facilitated by health department personnel.

- e. Create and disseminate Epidemiology reports to healthcare partners quarterly.

EVALUATION:

- a. On-going consultation with disease control personnel at the State Department of Health.
- b. Review of monthly and quarterly reports.
- c. Participation in Infection Control Committee meetings.
- d. Participation in quality control initiatives.

2. IMMUNIZATION

Provides for administration of immunizing agents (vaccine, globulin, etc.) to susceptible segments of the population who meet Center for Disease Control (CDC) administration criteria.

GOAL:

- a. To reduce vaccine – preventable disease occurrence in the childhood and adult population of Gloucester County.

OBJECTIVES:

- a. To provide immunizations to residents attending health department clinics.
- b. To identify special populations with low immunization rates and initiate activities to increase utilization of immunization services by high risk groups via our immunization audit program.

METHODS:

- a. Provision of childhood immunizations clinics.
- b. Adult immunization clinics for uninsured or under-insured.
- c. Create efficiencies in the administration of influenza immunization clinics through strategically positioned clinic sites and effective social marketing campaigns.
- d. Conduct immunization audits and educational in-services in pre-school, elementary, & high schools.

EVALUATION:

- a. The inclusion of evening and weekend clinics for the flu program was well received and we will have 10 such clinics this year.

- b. Review of quarterly reports indicating levels of immunization amongst various groups of residents.
- c. During the 2011 flu season we gave 15,859 influenza vaccinations at multiple clinics throughout Gloucester County. Again a decrease in numbers from the 2010 influenza season therefore we have further decreased the amount of vaccine ordered for the 2012 season.
- d. The ARRA vaccination program provided GCDHSDS with free adult vaccinations for any NJ resident. Through this program we vaccinated 960 adults with Tdap, HPV, Meningitis and Pneumonia vaccines. In 2012 we became an adult VFC provider for the state to continue providing residents of Gloucester County who do not have medical insurance the opportunity for protection from vaccine preventable diseases.
- e. To date, 1,091 immunizations have been administered to our children in CHC.
- f. Immunization audits in 2012 have been completed. Immunization records from 210 school and daycares within Gloucester County have been reviewed by GCDHSDS nurses yielding a final compliance rate of 99.86 %.

3. TUBERCULOSIS

Our program provides for the control of TB by ensuring reporting, investigation, diagnosis and treatment to Gloucester County residents. Care of clients with TB is coordinated between the GCDHSDS and the regional health center in Bellmawr. 24 clinics are scheduled yearly. The registered nurse program coordinator conducts home visits to assure that actively infected clients have a place to go once discharged from the hospital that will in fact prevent further spread of the disease to others while complying with their medication regime. Our communicable disease staff, continue to monitor direct observed therapy on all active TB clients for the duration of treatment. Mantoux testing (TB skin tests or PPD), is offered on a walk-in basis, every 2nd and fourth Monday.

GOALS:

- a. Reduction of the incidence of active TB cases in the county.
- b. Assist clients with the administration of medical therapy for the treatment of TB infection & TB disease.

OBJECTIVES:

- a. To identify citizens who have been exposed to TB and offer treatment when appropriate.

- b. To provide comprehensive treatment and follow-up to all verified, active TB clients in a timely manner.

METHODS:

- a. Home visits by an experienced public health nurse to assess patient status and directly observe the administration of prescribed drugs for the treatment of active tuberculosis.
- b. Provide regularly scheduled on-site clinics for the diagnosis and treatment of infection & disease. The inclusion of an additional experienced public health nurse into the clinic, schedule has resulted in more comprehensive care.

EVALUATION:

- a. On-going consultation with disease control personnel at the State Department of Health.
- b. Year to date we have coordinated care for 2 clients, which places Gloucester County in the low risk category. Additionally, 31 clients were found to have latent Tuberculosis infections; 2 refused treatment, 1 started but has not returned for follow up & 13 of them have completed treatment. We are currently treating the other 15.
- c. To date 479 Gloucester County residents have been tested with a tuberculin skin test.

4. SEXUALLY TRANSMITTED DISEASES

Provides for the control of sexually transmitted infections through ensuring cases are reported, provision of diagnosis and treatment, interview and investigation, and counseling and education. Sixty-four (64) clinics are scheduled yearly, at two (2) sites.

GOAL:

- a. Reduction of sexually transmitted infections through identification, treatment and prevention.

OBJECTIVES:

- a. To provide comprehensive STD services.
- b. To interview and follow-up diagnosis with treatment and follow-up testing in a timely fashion.

- c. To provide all clients with education counseling on ways to reduce their risks of contracting sexually transmitted infections with an emphasis on HIV.
- d. To provide disease investigation and follow up on all sexually transmitted diseases, within Gloucester County, which are reported via CDRSS system.

METHODS:

- a. All client records reviewed for behaviors that put them at risk for infection or re-infection.
- b. All clients receive on-site counseling for disease prevention, reducing risk factors, sex partner referral and follow-up where appropriate.
- c. Provide vaccinations, such as Twinrix (Hepatitis A & B), to high risk clients.

EVALUATION:

- a. On-going consultation with disease control personnel at State Department of Health.
- b. Review of trends through monthly and quarterly reports.
- c. As of August 24th, 449 clients visited our clinics. This shows a small increase from that of the same time last year.
- d. As of August 27th, there have been 496 sexually transmitted disease reports for Gloucester County which were entered into CDRSS and followed up by our communicable disease staff.

5. HIV (HUMAN IMMUNODEFICIENCY VIRUS)

Gloucester County Health Department is actively involved in a program of HIV counseling, education and testing. Each year, we offer 52 HIV clinics here at the Health Department. Clients are also seen in the STD clinic as an “Alternate Test Site” and this clinic is offered twice weekly in Sewell and once a month in Paulsboro. This service is also available to our TB clients. The counseling is conducted by nine (9) of our communicable disease staff who are certified by the state.

GOALS:

- a. Reduction of the incidence of HIV and AIDS in Gloucester County.
- b. Early detection and appropriate referral for people infected with HIV and AIDS.

OBJECTIVES:

- a. To provide pre and post-test education & counseling to participants.
- b. To provide confidential testing to those clients identified as being at risk for infection.
- c. To provide, through referral, appropriate follow-up in a timely manner.
- d. To implement rapid results testing clients seen in STD clinic and HIV clinics.

METHODS:

- a. A certified HIV counselor interviews, draws blood samples and provides risk reduction education to clients in a safe, comfortable setting.
- b. All staff assigned to this office will be able to perform HIV counseling and testing.
- c. Rapid HIV testing has been effective and well received by clients.
- d. Year to date, the total number of rapid HIV tests performed is at 403 which is up slightly from the same time last year.

EVALUATION:

- a. On-going consultation with experts in the field. HIV training is encouraged for new HIV counselors as well as seasoned counselors. Through partnerships with various healthcare organizations, many HIV training opportunities are available to GCDHSDS staff.
- b. Program success can be attributed to the need for access to these services. Our nurses counsel, assist clinic physician, and gather information during client interviews.
- c. Program evaluation takes place with monthly and quarterly reports.

III. COMMUNITY HEALTH**1. CARDIOVASCULAR DISEASE****GOAL:**

- a. To reduce the risk of morbidity and premature mortality associated with high blood pressure.

METHODS:

- a. Perform blood pressure, diabetes, and cholesterol screening tests on clients and communicate with client physician when appropriate.
- b. One on one teaching allows the nurse to guide and counsel each client.
- c. Make efforts to perform case finding screening by actively engaging new facilities and organizations that have not hosted a health screening in the past. More effort is placed in engaging faith based communities.

2. OUTREACH PROGRAMS

GOAL:

- a. To reduce the risk of morbidity and mortality associated with the presents of Diabetes, Cancer, and/or other health risk factors. In an effort to revitalize community screenings, the GCDHSDS has implemented a number of new screening initiatives. Nursing working in conjunction with the Health Education unit have branched out to offer new health screenings including bone density, Body Mass Index analysis and a dermascan analysis.

OBJECTIVES:

- a. To raise client awareness of key indicators of health status.
- b. Actively pursue case finding efforts that will generate a positive outcome for the individual.

METHODS:

- a. At this point in the year, community screenings resulted in 448 point of care tests performed; including blood pressure, glucose and cholesterol.
- b. Additionally screenings have been conducted through Health Education.
- c. As we move toward raising awareness of obesity in 2013, additional screening may be necessary and will require additional supplies to meet the objective of the initiative.

NEW INITIATIVES

a. OBESITY AWARENESS

- i. Public Health Nurses will continue to play a role in increasing the awareness of obesity. In 2013, the obesity coalition will reconvene and again focus on our goal of promoting healthy weight and increasing activity levels. GC nurses have incorporated BMI measurements along with weight measurements into their assessments in child health. The Health Department will continue to seek to partner with additional agencies to further incorporate healthy weight and activity level education; across all of our clinics for each of our clients.

PUBLIC HEALTH EMERGENCY RESPONSE PROGRAM

Mission Statement

To develop plans and exercises, maintain partnerships with other response agencies, and promote a competent workforce that can adequately respond to public health emergencies.

MEDICAL RESERVE CORPS (MRC)

The MRC is a collection of volunteers that are willing to respond to public health emergencies. A volunteer falls into one of two categories: Healthcare or Community. While emphasis is placed on recruiting healthcare volunteers, the role of a community volunteer can be critical to the success of a public health response. MRC volunteers actively assist GCDHSDS by supporting seasonal flu clinics and planned exercises. Additionally, since 2005 Camden County and Gloucester County have shared resources to meet the goals of the program. Future plans include incorporating MRC into public health initiatives like outreach and education.

GOAL:

3. To ensure volunteers are trained and prepared to be integrated into a public health response.
4. Maintain active roster and prepare volunteers for deployment.
5. Increase the number of MRC Volunteers by 10 %.
6. Provide quarterly trainings to MRC Volunteers based on National MRC Curriculum.
7. To ensure the ability to register spontaneous volunteers in the field during an emergency.

OBJECTIVES:

4. Recruit new volunteers through a formal advertising campaign and constant promotion.
5. Conduct trainings, at least quarterly, for MRC volunteers. These trainings shall include skills from the New Jersey Department of Health approved Core Curriculum.
6. Attend required MRC meetings for MRC coordinators and maintain MRC database to ensure accurate information is available and accessible in a timely manner.
7. Continue to work with South Jersey MRC coordinators to standardize trainings and education sessions for MRC volunteers.
8. Recruit a Risk Communication Expert to provide training to MRC.
9. Acquire the technology and equipment necessary to register spontaneous volunteers in the field during an emergency.

METHODS:

4. The Gloucester and Camden County MRC coordinators will meet at least quarterly to review programs and plan for future exercises.
5. Monitor MRC database for new registrants and process them accordingly.
6. Conduct quarterly trainings and orientation sessions for MRC volunteers.
7. Conduct Risk Communication Training for MRC volunteers.

EVALUATION:

5. State and Federal review of MRC program.
6. Internal review through comparison of monthly, quarterly and yearly reports.
7. Continued inclusion of MRC volunteers in trainings, exercises and preparedness efforts.
8. Provide evaluation for each training session, document findings and make improvements where necessary.

LOCAL INFORMATION NETWORK and COMMUNICATIONS SYSTEM (LINCS)

GOAL:

1. To provide education to Gloucester County residents and agencies through the dissemination of information.
2. To prepare residents and agencies for public health disasters.
3. To develop plans and procedures to carry out a public health response following a terrorist attack or natural health threat.

OBJECTIVE:

1. Develop an exercise schedule for each grant year.
2. Enhance communication capabilities with local agencies.
3. Develop an educational campaign regarding GCDHSDS communication systems.
4. Revise the LINCS Registration form and make the form accessible via the Health Department Website.
5. Actively work with LINCS Public Health Nursing group to develop statewide Pandemic Influenza Plan template.

METHODS:

1. Each year the New Jersey Department of Health identifies 4 exercises to be conducted during the grant year. Plans are in place to conduct additional tabletop exercises to meet grant requirements and further enhance interagency cooperation.
2. Conduct quarterly call down tests to ensure communication channels are operating at optimal levels. Additionally, test alternate methods of communicating including 800 MHz radio testing, email, cell phone, Hippocrates and video conference calling.

3. Develop advertising and educational campaign for Global Connect and other emergency notification systems.
4. Conduct yearly training for Health Department staff to maintain an adequate level of competence regarding public health emergency plans.
5. Participate in Governmental Public Health Partnership meetings, which are conducted quarterly.
6. Participate in monthly LINCS conference calls.
7. Provide frequent community education seminars with a focus upon highlighted public health topics of concern and interest. Family Preparedness is an area to be highlighted.
8. Conduct surveillance through the Communicable Disease Reporting Surveillance System (CDRSS), Federal database EpiX and “Influenza-Like Illness” reporting program.
9. Audit the Fixed Facility Program and recruit/train additional sites.
10. Standardize the Pandemic Influenza Operational framework statewide, enhance the efficiency of mass vaccination, clinic activation, setup, operations, and demobilization, and enhance Public Health’s regional support capability.

EVALUATION:

- e. The plans are evaluated through monthly and yearly team meetings, as well as, collaboration between other LINCS agencies.
- f. The Local Technical Assistance Review (LTAR) is conducted annually by New Jersey Department of Health.
- g. Grant progress is reviewed bi-annually by the New Jersey Department of Health.

STRATEGIC NATIONAL STOCKPILE PROGRAM (SNS)

The SNS is a federal and state program that maintains large quantities of medication, antitoxins, nerve agents, personal protective equipment and other medical supplies. The goal of each LINCS agency is to administer these medical countermeasures to an affected population within 48 hours.

OBJECTIVE:

1. Develop functional, efficient and effective policies and procedures to rapidly disseminate prophylaxis to an affected community in 48 hours.
2. Develop specific procedures for providing prophylaxis to homebound and other at-risk populations.

METHODS:

1. Maintain and update SNS manual.
2. Partner with other response agencies to ensure network of emergency responders is intact.
3. Conduct a series of tabletop and full scale exercises to test existing SNS plans and make corrective improvement plans to enhance response efforts.
4. Partner with community agencies to distribute mass prophylaxis to homebound and/or at-risk populations which will in turn enhance GCDHSDS Local Technical Assistance Review.

EVALUATION:

1. Plans are evaluated through monthly and yearly team meetings, as well as, collaboration between other LINCS agencies.
2. Yearly Local Technical Assistance Reviews (LTAR). Conducted by both state and federal agents, LTARs allow dialog between GCDHSDS and the state to improve county plans for the implementation of the Strategic National Stockpile.
3. Exercises in 2013 will focus on:
 - a. Mass Fatality Management;
 - b. Mass Prophylaxis;
 - c. Volunteer Management;
 - d. Public Information/Risk Communication;
 - e. Communications

WOMENS ,INFANTS, and CHILDREN PROGRAM (W.I.C.)

The Special Supplemental Food Program for Women, Infants, and Children (usually referred to as “WIC”), is a nutrition program funded by the USDA and administered by the New Jersey State Department of Health and Human Services. Food vouchers and services are provided free of charge to low income applicants. More than 7100 county residents benefited from WIC services last year, and each participant received services at least four times during that period. We anticipate caseload

to increase from a monthly average of 3820 participants in FY 2012 to 3875 for FY 2013, based on the prior year's rate of acceleration. The preliminary base grant for 2013 is \$755,000 for October 1, 2012 to September 30, 2013.

MISSION: To improve the health and nutritional status of lower income childbearing women, infants, and children up to age five by:

- Providing nutrition assessment and education
- Referrals to health care providers and social services
- Offering breastfeeding support services
- Issuing vouchers for nutritious foods and infant formula that are redeemed at local "WIC Approved" vendors

GOALS:

- Delivery of services to 100% of those applicants eligible for the program
- Ongoing improvement of the quality and accessibility of WIC services to county residents
- Provision of targeted nutrition counseling and education in effort to reduce immediate and long term risk of obesity for WIC participants
- Increase initiation and duration of breastfeeding rates among agency participants
- Maintain accessibility of extended service hours one evening each week at a WIC service site to eligible persons who are employed or lack transportation during regular WIC service hours
- Reach out to eligible Spanish speaking families whom have not previously enrolled in the program due to their language barrier

OBJECTIVES:

- Maintain staffing of the agency at the Gloucester County Health Department with 1 program coordinator, 3 nutritionists, and 5 full time and 1 part time support staff providing WIC services to eligible county residents Monday through Friday 8:30am to 4:30 pm with extended service hours until 7:00 one night each week

- Provide services at several locations throughout the county that are accessible by public transportation. Services are currently available at the GC Health Center in Sewell (5 days/week), the Health Department Satellite office in Paulsboro (4d/wk), and the Monroe Township Municipal Building (1d/wk)
- In conjunction with in-kind breastfeeding counselors funded through the Southern NJ Perinatal Cooperative (1.1 FTE total for all 3 WIC service sites), coordinate scheduling of pregnant and breastfeeding women to coincide with availability of said counselors
- Achieve funding needed to maintain current staffing and services for the coming year, particularly extended service hours one evening per week at alternating service sites
- Offer WIC services such as nutrition and breastfeeding education as well as assessments to Spanish speaking residents and migrants in their primary language (Note: We have recently hired a nutritionist who is fluent in 3 (Spanish, Portuguese, and English) languages, and the Southern NJ Perinatal Cooperative provided Breastfeeding Peer Counselor is bilingual in English and Spanish)

APPENDIX II

(2011 Achieved Levels of Service)

New Jersey Department of Health and Senior Services
LOCAL HEALTH EVALUATION REPORT
BEST PRACTICES CAPACITY AND PERFORMANCE

B

Local Health Department GLOUCESTER COUNTY DEPARTMENT OF HEALTH	County GLOUCESTER	Calendar Year 2011
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I. CORE ACTIVITY

A. ADMINISTRATION

1. Health Promotion	# of Sessions	# of Participants	
	<u>39</u>	<u>926</u>	Alcohol Abuse
	<u>2</u>	<u>80</u>	Smoking Prev.
	<u>39</u>	<u>926</u>	Nutrition
			Injury Control
			Phys. Fitness and Exercise
			Drug Abuse
			AIDS

B. ENVIRONMENTAL HEALTH

1. Bathing Places - # of:	
<u>2</u> plan reviews	
<u>113</u> total facilities	
<u>113</u> facilities inspected	
<u>47</u> facilities re-inspected	
<u>36</u> enforcement actions	
2. Campgrounds - # of:	
<u>6</u> total facilities	
<u>6</u> facilities inspected	
<u>1</u> facilities re-inspected	
	enforcement actions
3. Youth Camps - # of:	
<u>11</u> youth camps (total)	
<u>11</u> pre-operational inspections	
<u>3</u> (on request by DOHSS) re-inspections	
4. Food Surveillance - # of:	
<u>98</u> plan reviews	
<u>1511</u> establishments (total)	
<u>1355</u> establishments inspected	
<u>624</u> requiring re-inspections	
<u>82</u> complaints	
<u>19</u> enforcement actions	
5. Public Health Nuisances - # of:	
<u>150</u> complaints	
<u>187</u> investigations	
<u>8</u> enforcement actions	

C. COMMUNICABLE DISEASES

1. Reportable Diseases - # of:	
<u>1,415</u> cases of reportable disease	
<u>1,415</u> investigations	
2. Immunizations - # of:	
<u>307</u> school age children	
<u>249</u> immunized (unduplicated)	
<u>471</u> immunizations	
<u>132</u> schools (total)	
<u>132</u> schools audited	
<u>0</u> enforcement	
<u>82</u> preschools (total)	
<u>82</u> preschools audited	
3. Rabies and Zoonosis Control - # of:	
<u>27072</u> licenses issued	
<u>20</u> pet shops, etc. inspected	
<u>477</u> animal bite investigations	
<u>2951</u> unlicensed dogs found on annual canvas	
<u>3360</u> dogs vacc. in free clinics	
<u>848</u> cats vacc. in free clinics	
4. Tuberculosis Control - # of:	
<u>3</u> total verified cases	
<u>3</u> contacts identified	
<u>3</u> contacts examined	
<u>0</u> contacts positive & placed on therapy	
<u>1</u> verified cases completing therapy	
5. Sexually Transmitted Disease - # of:	
<u>587</u> total clients receiving services	
<u>42</u> contacts identified	
<u>42</u> contacts examined	
<u>13</u> contacts infected & treated	
<u>42</u> contacts preventively treated	
<u>15</u> positive laboratory test followed (priority cases)	
<u>4</u> early syphilis/antibiotic-resistant gonorrhea cases interviewed	

**LOCAL HEALTH EVALUATION REPORT
BEST PRACTICES CAPACITY AND PERFORMANCE**

B

Local Health Department GLOUCESTER COUNTY DEPARTMENT OF HEALTH	County GLOUCESTER	Calendar Year 2011
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D. MATERNAL AND CHILD HEALTH

1. Infant & Preschool Children - # of:
 - 214 children served annually (unduplicated)
 - 327 total visits
 - 34 referred
 - 201 children immunized (unduplicated)
 - 1413 total immunizations
 - 93 CHC clients who are under 200% federal poverty level
2. Childhood Lead Poisoning - # of:
 - 102 risk assessments
 - 102 children screened (blood tests)
 - 14 initial positives
 - 8 confirmed pos. (i.e.: venous)
 - 5 residences abated
3. Improved Pregnancy Outcome - # of:
 - 0 women receiving prenatal and postpartum visits
 - 0 women <20 years of age receiving prenatal and postpartum visits
 - 0 total public health visits
 - 0 women referred in to health dept. for public health nursing visits*
 - 45 women referred out by health dept. for prenatal, WIC and family planning services

E. ADULT HEALTH

1. Cancer Services - # of:
 - 0 women 15-34 screened for cervical cancer
 - 0 women 35-64 screened for cervical cancer
 - 250 women 15-64 receiving breast cancer education
 - 250 individuals >40 receiving education for colo-rectal cancer

1. Cancer Services, Continued - # of:

<u>0</u>	individuals referred for and diagnosed	
#	#	
referred	diagnosed	
<u>0</u>	<u>0</u>	Cervical Cancer
<u>0</u>	<u>0</u>	Breast
<u>0</u>	<u>0</u>	Colo-rectal
2. Diabetes - # of:
 - 103 risk assessments completed
 - 43 referred for medical eval.
 - 25 known diabetics receiving education, or
 - 43 referred for education
 - 43 individuals referred who sought further evaluation
 - 0 individuals newly diagnosed
3. CVD - # of:
 - 290 risk factor assessments/ screens for hypertension
 - 98 referred for medical eval.
 - 0 educational programs:
 - 0 participants
 - 0 newly diagnosed hypertensives
4. Older Adult - # of:
 - 197 adults screened (unduplic.)
 - 43 referred
 - 9415 immunizations
 - 9360 doses of influenza vaccine
 - 6 doses of pneumococcal vaccine
 - 0 public health nursing visits provided as follow-up services to screening

II. ELECTIVE ACTIVITY

A. ADMINISTRATION

1. Emergency Medical Services - # of:
 - _____ ambulances certified
 - _____ ambulance personnel certified
 - _____ first responders certified (police & fire)

*Referred to health department for provision of prenatal and postpartum nursing services by private physicians, hospitals, and clinics.

**LOCAL HEALTH EVALUATION REPORT
BEST PRACTICES CAPACITY AND PERFORMANCE**

B

Local Health Department GLOUCESTER COUNTY DEPARTMENT OF HEALTH	County GLOUCESTER	Calendar Year 2011
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B. ENVIRONMENTAL

1. Institutional Health (excl. food) - # of:
 _____ institutions (total)
 _____ health care facilities
 _____ schools
 _____ jails
 _____ institutions inspected
 _____ requiring re-inspection
 _____ complaints
2. Occupational Health - # of:
 _____ occup. disease reports:
 _____ investigated
 _____ DOHSS referrals investigated

C. MATERNAL-CHILD HEALTH

1. Ambulatory Health Care for Children - # of:
 _____ children served (unduplicated)
 _____ visits
 _____ referred
2. Dental Health (Children) - # of:
 _____ participants in school fluoride
 mouth rinse program
 _____ educational programs
 _____ children served in dental clinic
 (total) receiving following
 services:
 _____ examination
 _____ x-ray
 _____ prophylaxis
 _____ periodontal eval.
 _____ restorations &
 _____ prosthetics
3. Family Planning - # of:
 _____ clients served (unduplicated)
 _____ education programs provided
4. Obstetrics - # of:
 _____ clients served (unduplicated)
 _____ unattended births requiring
 follow-up
 _____ high-risk patients requiring
 referral and follow-up
 _____ deliveries of clinic patients

5. School Health - # of:
 _____ schools receiving school health
 nursing supervision
 _____ children screened (unduplic.)
 _____ children referred
 _____ schools inspected

D. ADULT HEALTH SERVICES

1. Ambulatory Medical Care - # of:
 _____ clients served (unduplicated)
 _____ visits
 _____ referred
2. Dental Health (Adults) - # of:
 _____ patients served (undupl.)
 receiving following service:
 _____ exams
 _____ x-rays
 _____ prophylaxis
 _____ periodontics
 _____ endodontics &
 _____ prosthetics
3. Home Health Care - # of:
 _____ patients receiving home health
 care
 _____ total home health visits
 _____ nursing visits
 _____ homemaker/home visits
 _____ health aide visits
 _____ physical therapy visits
 _____ occupational therapy visits
 _____ speech therapy visits

E. BEHAVIORAL HEALTH

1. Alcoholism Control - # of:
 _____ clients referred for services
2. Drug Abuse Control - # of:
 _____ clients referred for services

**LOCAL HEALTH EVALUATION REPORT
BEST PRACTICES CAPACITY AND PERFORMANCE**

B

Local Health Department GLOUCESTER COUNTY DEPARTMENT OF HEALTH	County GLOUCESTER	Calendar Year 2011
--	-----------------------------	------------------------------

F. OTHER HEALTH SERVICES			
1. Nutrition - # of:		3. Other Activities (please specify)	# Unduplicated Clients Served
clients with a chronic illness seen for diet counseling		<u>Women's Health Summit</u>	<u>250</u>
2. Vision, Hearing, and Speech**		<u>Medical Reserve Corp</u>	<u>163</u>
<u>0</u> receiving vision screening (total)		<u>Emergency Preparedness Presentations</u>	<u>3</u>
<u>0</u> glaucoma		<u>MRC Trainings</u>	<u>4</u>
<u>0</u> vision acuity		<u>School Audits</u>	<u>22,924</u>
<u>0</u> referred		<u>Blood Borne Pathogens Training</u>	<u>292</u>
Hearing - # of:		<u>Hand Washing Presentations</u>	<u>419</u>
receiving audiometric screening		<u>HIV Tests</u>	<u>547</u>
referred		<u>WIC clients</u>	<u></u>
receiving diagnostic evaluation			
Speech - # of:			
receiving speech screening			
referred			
receiving diagnostic evaluation			

**Individuals screened and reported under other program services should not be counted again in this category.

Comments or Other Services and Activities (attach additional pages, as needed):

The Gloucester County Medical Reserve Corps conducted 6 trainings in 2011.

2011 County Activity Report

	1st	2nd	3rd	4th	Total
FOOD SURVEILLANCE					
Inspections	242	348	249	345	1184
Reinspections	122	142	126	234	624
Complaint investigations	24	22	18	18	82
Enforcement actions	1	6	6	6	19
RECREATIONAL BATHING					
Inspections	1	14	42	32	89
Reinspections	1	4	68	66	139
Complaint investigations	2	1	1	1	5
Enforcement actions	2	4	26	4	36
PUBLIC HEALTH NUISANCE/HOUSING					
Investigations	20	21	54	55	150
Reinspections	21	18	72	76	187
RABIES					
Confinement issued	95	132	115		342
Confinement release	58	104	81		243
Specimens sent for testing	32	67	133		232
SEPTIC SYSTEMS					
Plans approved	41	48	73	35	197
Installation inspections	37	46	47	61	191
Installation reinspections	118	194	238	182	732
Licenses issued	42	52	53	42	189
WELLS					
Plans approved	42	47	63	29	181
Installation inspections	39	53	57	35	184
Installation reinspections	44	56	62	44	206
Certifications issued	65	56	36	44	201
WATER ISSUES					
Drinking water sample collection	6	5	4	2	17
Surface water sample collection	0	19	2	0	21
Complaint investigations	9	12	7	3	31
Complaint reinspections	19	18	12	16	65
Enforcement actions	42	14	2	2	60
AIR POLLUTION					
Facility inspections	20	5	1	40	66
Complaint investigations	8	2	2	5	17
Enforcement actions	4	0	0	0	4
SOLID WASTE					
Facility inspections	14	57	14	61	146
Complaint investigations	1	4	2	5	12
Enforcement actions	1	2	2	1	6
OPRA REQUESTS					
Requests received	128	180	150	125	583

APPENDIX III

(2010 COMMUNITY HEALTH IMPROVEMENT PLAN)



Gloucester County Department of Health and Senior Services
Division of Health Services

Freeholder Director
Robert M. Damming

Freeholder Deputy Director
Warren S. Wallace, Ed.D.
Freeholder Liaison

Tamarisk Jones, Director of Health & Senior Services

Present:

Achieving a Healthier Gloucester County 2010

*A Comprehensive Community Health Improvement Plan
(CHIP 2010)*

January, 2011
Gloucester County, New Jersey
www.gloucestercountynj.gov

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EXECUTIVE SUMMARY

The Gloucester County Department of Health & Senior Services, Division of Health Services is proud to present the 2010 ***"Achieving a Healthier Gloucester County"*** Community Health Improvement Plan (CHIP). This plan serves as an update to the 2006 CHIP, released in February of 2007.

The CHIP is a collaborative effort of the "Achieving a Healthier Gloucester County" partnership, consisting of representatives from county agencies, hospitals, non-profits, faith-based groups, local boards of health, and academic institutions. Information was collected through the **2010 Gloucester County Community Health & Opinion Survey** and interviews with key informants with expertise in the health issues facing Gloucester County residents. This information, along with data collected from a wide variety of other sources, was used to identify the key health issues facing Gloucester County.

Once the key issues were identified, the collaborative determined that there were 3 urgent priorities that needed to be addressed, where the Health Department in particular could have the greatest impact. The first is combating obesity, in adults and children, by improving diet and increasing physical activity. The second area to be addressed is continuing to encourage regular screenings and checkups for residents of all ages, particularly seniors and at-risk individuals. The third priority area is to continue to increase awareness of existing services and resources throughout Gloucester County. Suggested activities for each of these priorities are incorporated into the CHIP.

Following the release of the Community Health Improvement Plan, the Gloucester County Department of Health & Senior Services, along with our numerous community partners, hopes to implement the activities listed in the CHIP and suggest new activities that will address the priority areas. As a stakeholder in the health of this community, we encourage you to join us in our efforts in ***"Achieving a Healthier Gloucester County"***

GLOUCESTER COUNTY DEMOGRAPHICS

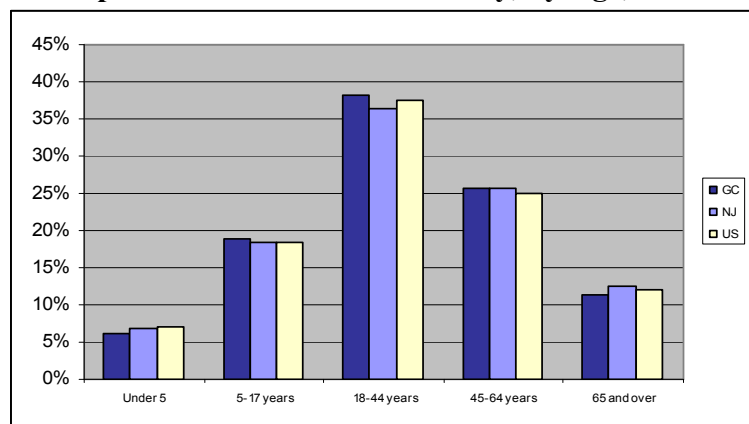
According to 2005 U.S. Census estimates, approximately 276,000 residents live in Gloucester County. The county is comprised of 24 municipalities with populations ranging from approximately 50,000 (Washington Township) to 1,600 (Newfield). Currently considered New Jersey's fourteenth most populated county, Gloucester County experienced an 8.7% growth in population between 2000 and 2005.



The majority of Gloucester County residents are between 18 and 44 years of age. The median age of Gloucester County residents (37.2 years) is similar to the median age of New Jersey residents (38 years).

Gloucester County has a lower percentage of seniors age 65 and older (11.3%) than New Jersey (12.5%) or the US (12.1%).

Population of Gloucester County, by Age, 2005

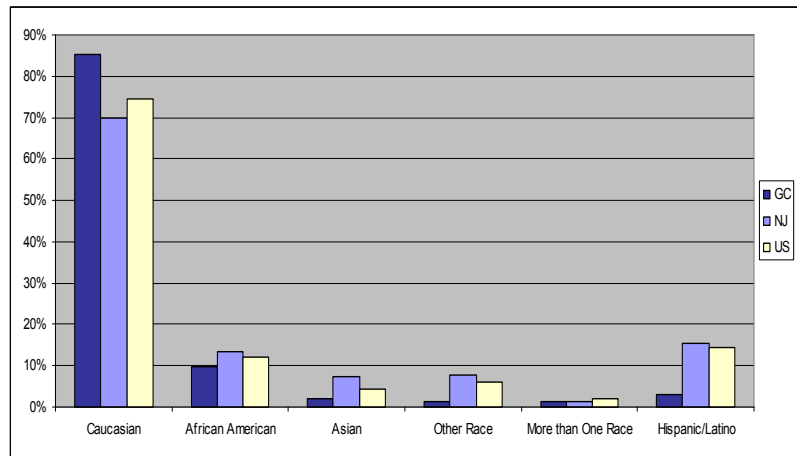


Source: U.S. Census. American Community Survey, 2005.

GLOUCESTER COUNTY DEMOGRAPHICS

The majority of Gloucester County residents identify themselves as Caucasian (85.4%), followed by African-American (9.7%) and Asian (2.1%). This varies from New Jersey, where 69.9% are Caucasian, 13.3% are African-American and 7.3% are Asian. In Gloucester County, 3.1% of residents are Hispanic or Latino, compared to 15.3% of New Jersey residents.

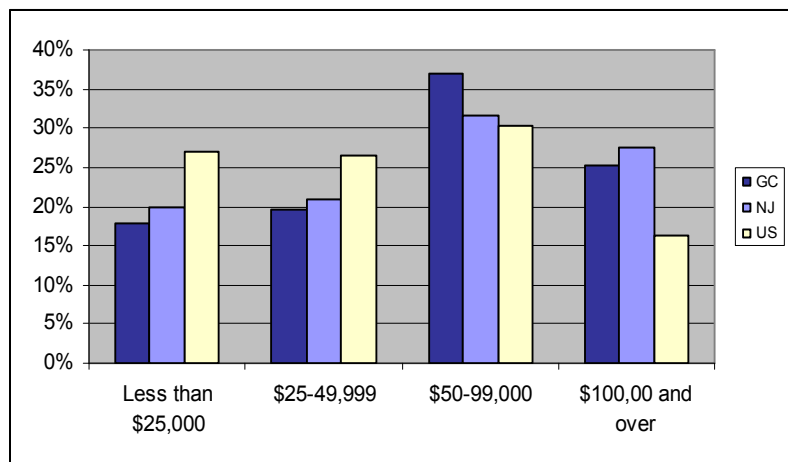
Population of Gloucester County, by Race, 2005



Source: U.S. Census. American Community Survey, 2005.

The majority of Gloucester County households (37%) have an income between \$50,000 and \$99,999. A lower percentage of Gloucester County households (17.9%) have an income of less than \$25,000 compared to New Jersey (19.8%) and U.S. (26.9%) households.

Population of Gloucester County, by Income, 2005



Source: U.S. Census. American Community Survey, 2005.

In 2005, the median income for Gloucester County residents was \$64,484, higher than that of New Jersey (\$62,672) and the U.S. (\$46,242).

DATA COLLECTION METHODS

The data used to complete the CHIP fell into three distinct categories:

1. Secondary Data
2. Community Survey
3. Key Informants

Secondary Data:

Secondary data, that is data originally collected by other entities, was used to identify changes in demographics, health behaviors, chronic health, communicable disease and mortality.

Community Survey:

The Gloucester County Community Health & Opinion Survey, originally used in the 2005 CHIP process, was used again to develop CHIP 2010. Slight modifications were made to reflect current concerns; however the majority of the survey remained unchanged.

The survey went online on 5/15/2010 and remained active until 9/30/2010. Additionally, paper copies of the survey were made available during this same period. In total 445 people completed the survey.

Key Informants:

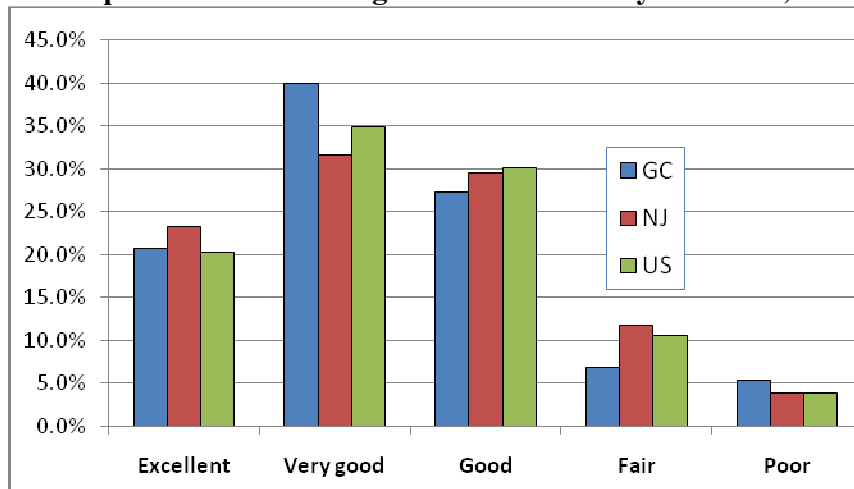
Public health professionals throughout Gloucester County were identified as “key informants” and were asked to complete a questionnaire developed by Gloucester County Health Department staff.

GLOUCESTER COUNTY HEALTH STATUS

Results of the community health assessment, including the “Community Health and Opinion Survey”, show many advantages to living in Gloucester County. Some of the benefits include the following:

- Gloucester County has a wide variety of health-related services that are available to county residents. Many public health and medical professionals in the county are dedicated to providing quality services that meet residents’ health needs. In the 2010 *Community Health & Opinion Survey*, 87.5% of survey respondents reported being satisfied with the care they receive from their doctors.
- In 2008, over 88% of Gloucester County residents listed their overall health as excellent, very good or good.

Self reported health among Gloucester County residents, 2008

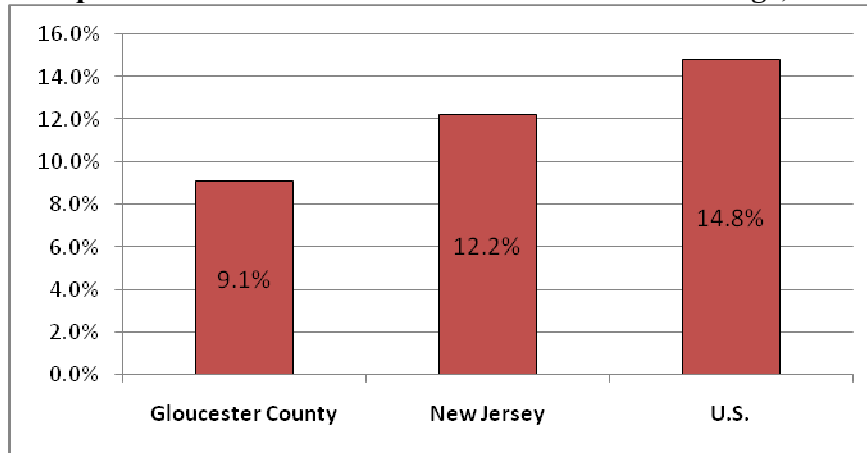


Source: Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Risk Factor Surveillance System Select Metropolitan/Micropolitan Statistical Area Health Risk Data. Available at: <http://apps.nccd.cdc.gov/brfss-smart/SelMMSAPrevData.asp>
Notes: Data taken from question: “How is your general health?”

GLOUCESTER COUNTY HEALTH STATUS

- In 2008, it was estimated that 9% of county residents had no health insurance. This remains significantly less than that of New Jersey (12.2%) and the US (14.8%).

Proportion of Residents with No Health Care Coverage, 2008

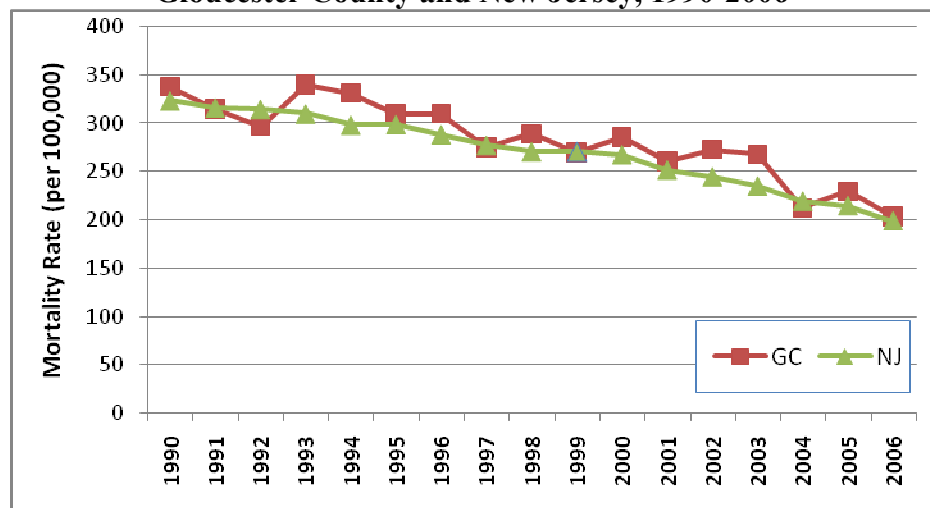


Source: Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Risk Factor Surveillance System Select Metropolitan/Micropolitan Statistical Area Health Risk Data. Available at: <http://apps.nccd.cdc.gov/brfss-smart/SelMMSAPrevData.asp>
Notes: Data taken from question: "Do you have health care coverage?"

GLOUCESTER COUNTY HEALTH STATUS

- Deaths from heart disease have been steadily decreasing among Gloucester County residents over the last decade. In 2006, the death rate due to heart disease reached an all-time low at 203.4 deaths per 100,000 population in Gloucester County.

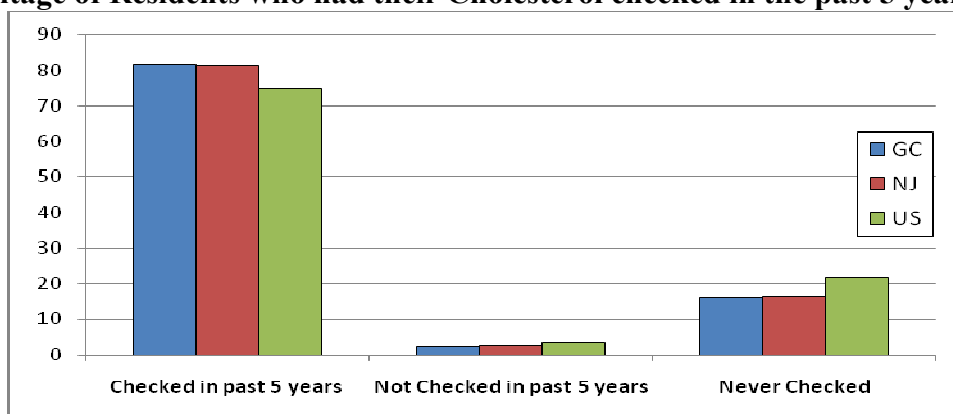
**Mortality Rates for Coronary Heart Disease,
Gloucester County and New Jersey, 1990-2006**



Source: New Jersey Department of Health and Senior Services, NJSHAD Query System.
Notes: Age-adjusted rates are computed per 100,000 based on the 2000 standard population

- Many residents routinely get blood pressure and cholesterol checks to assess their risk of heart disease. Results from the **2010 Community Health and Opinion Survey** showed that 93% of survey respondents have had their blood pressure checked in the past year. Over 82% of Gloucester County residents have had their cholesterol checked in the past five years, compared to 77.6% of New Jersey residents and 73% of U.S. residents.

Percentage of Residents who had their Cholesterol checked in the past 5 years, 2007



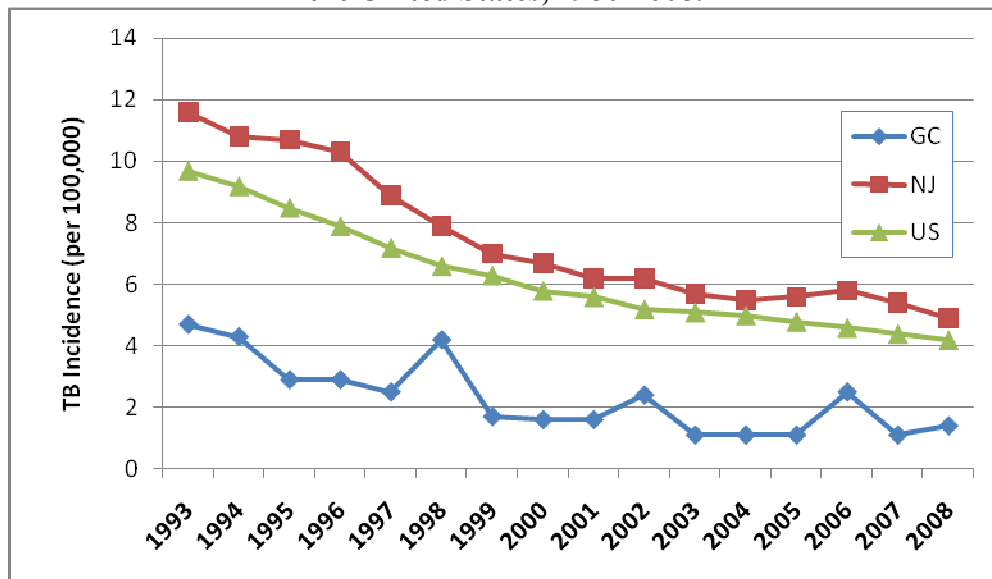
Source: Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Risk Factor Surveillance System Select Metropolitan/Micropolitan Statistical Area Health Risk Data. Available at: <http://apps.nccd.cdc.gov/brfss-smart/SelMMSAPrevData.asp>

GLOUCESTER COUNTY HEALTH STATUS

- Gloucester County experiences a low rate of communicable diseases every year. The number of communicable disease reports received by the Gloucester County Department of Health and Senior Services remains low. Additionally, the incidence rates of almost all reportable diseases are lower than that of New Jersey every year.

Tuberculosis incidence rates have decreased in the past twenty years in New Jersey and the United States and have remained consistently low in Gloucester County. In 2008, the tuberculosis incidence rate in Gloucester County was 1.4 cases per 100,000 residents; in New Jersey, 4.9 cases.

Active Tuberculosis Incidence Rates for Gloucester County, New Jersey and the United States, 1986-2008.

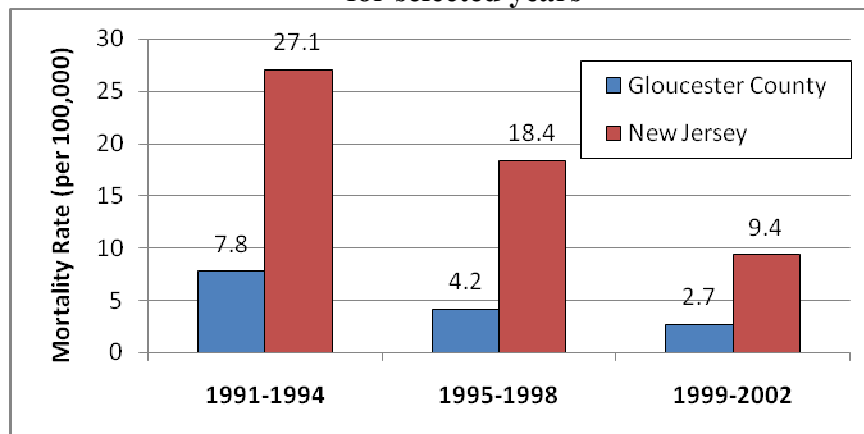


Source: New Jersey Department of Health and Senior Services, Communicable Disease Service, Tuberculosis Control Program; CDC. Reported Tuberculosis in the United States, 2003. Atlanta, GA: U.S. Department of Health and Human Services, CDC, September 2005.

GLOUCESTER COUNTY HEALTH STATUS

The prevalence of persons living with HIV/AIDS in Gloucester County was 117 cases per 100,000 residents, compared to 399.8 per 100,000 residents in New Jersey (as of June 30, 2009). The mortality rate due to HIV was less in Gloucester County than in the State of New Jersey, at 2.7 per 100,000 population in Gloucester County versus 9.4 per 100,000 population in New Jersey between 1999-2002 (Figure 3).

Mortality Rates due to HIV disease, Gloucester County and NJ, for selected years

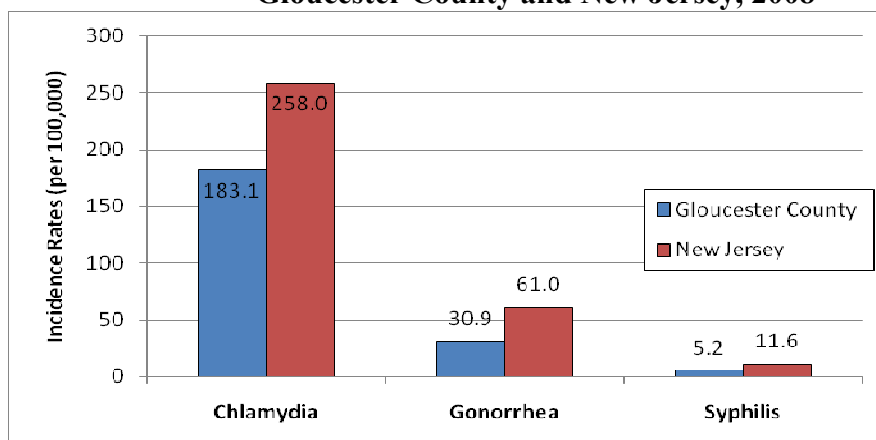


Source: New Jersey Department of Health and Senior Services, NJSHAD Query System.

Note: Rates are age-adjusted and computed per 100,000 based on the Standard 2000 population.

The incidence rates of sexually transmitted diseases in Gloucester County remains lower than New Jersey, particularly for chlamydia and gonorrhea. In 2008, the number of new cases of chlamydia, gonorrhea and syphilis per 100,000 residents was lower in Gloucester County than in New Jersey.

Incidence Rates of Sexually Transmitted Diseases, Gloucester County and New Jersey, 2008

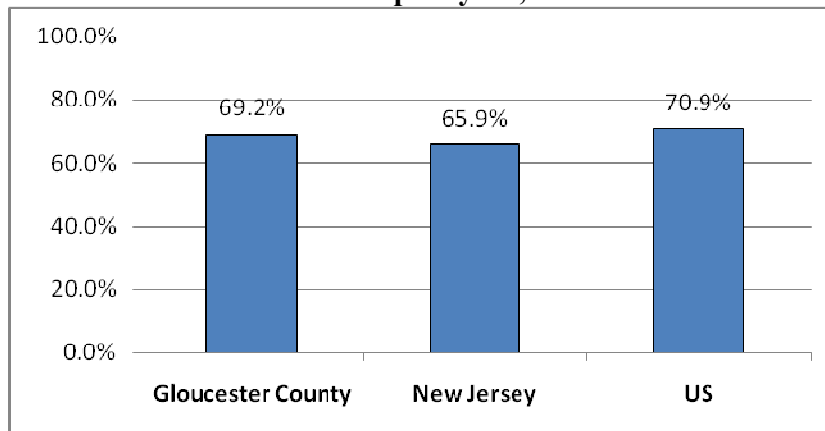


Source: New Jersey Department of Health and Senior Services, Infectious and Zoonotic Diseases Program, Communicable Disease Service.

GLOUCESTER COUNTY HEALTH STATUS

- Many residents get a flu shot every year. The Gloucester County Department of Health dispensed an unprecedented 33,000 free seasonal and H1N1 flu shots in 2009, in addition to those distributed by private physicians. According to the ***2010 Gloucester County Community Health & Opinion Survey***, over 73% of Gloucester County residents reported receiving a flu shot in the past year, which was higher than that of New Jersey and the United States.
- CDC Data shows that the percentage of Gloucester County seniors that receive the flu shot are higher than NJ numbers and comparable to United States data.

**Percentage of Adults ages 65 and older who have had a flu shot
within the past year, 2008**

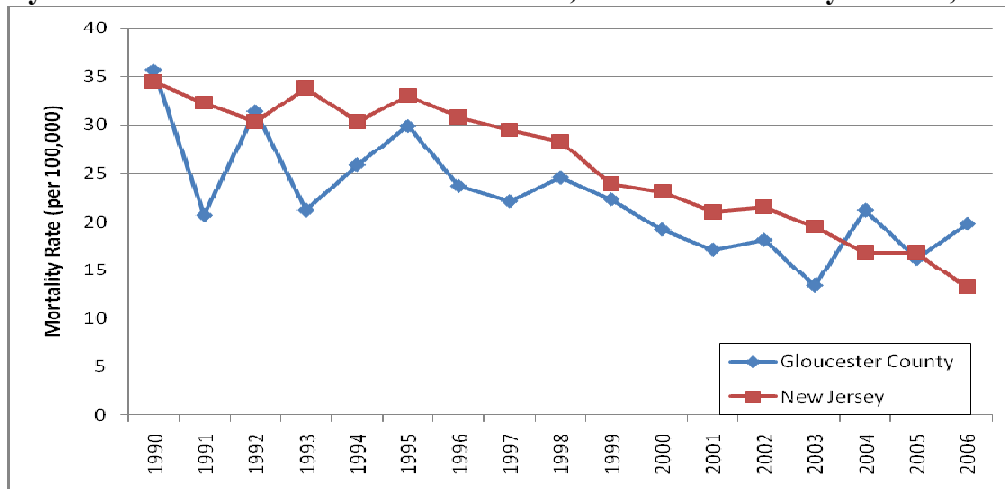


Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Risk Factor Surveillance System, SMART: Selected Metropolitan/Micropolitan Area Risk Trends. Available at: <http://apps.nccd.cdc.gov/brfss-smart/SelMMSAPrevData.asp>

GLoucester County Health Status

Deaths from influenza and pneumonia have consistently decreased over the last few years, due in part to the increase in influenza immunizations. However, Gloucester County experienced a spike in Mortality Rate due to Influenza and Pneumonia in 2006.

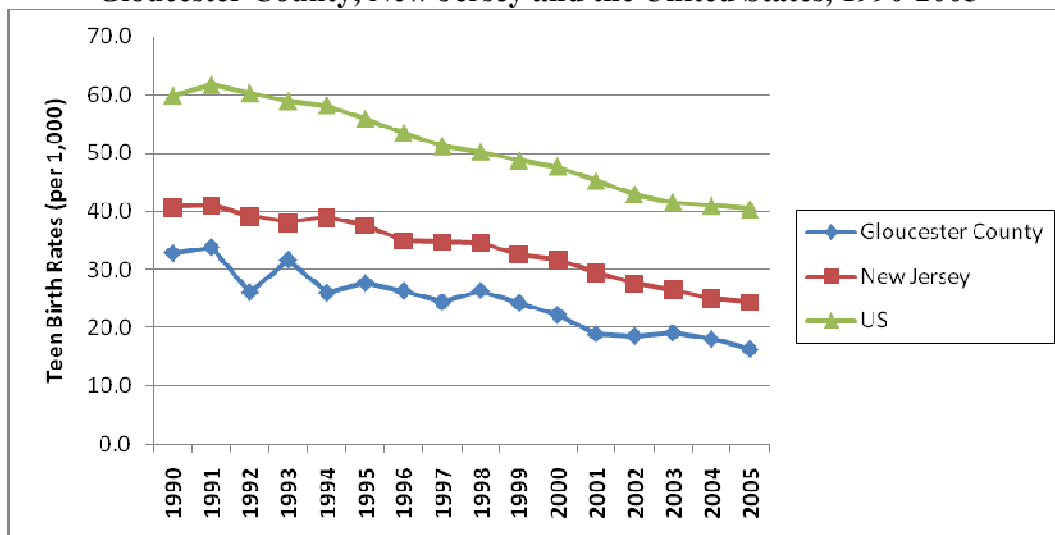
Mortality Rate due to Influenza and Pneumonia, Gloucester County and NJ, 1990-2006.



Source: New Jersey Department of Health and Senior Services, NJSHAD Query System.

- The teen birth rate has steadily decreased over the last decade. In 2005, the teen birth rate was 16.3 live births per 1,000 age-specific female population. In New Jersey, the teen birth rate was 24.4; in the U.S. it was 40.5.

**Teen Birth Rate (among 15-19 year old females),
Gloucester County, New Jersey and the United States, 1990-2005**



Source: New Jersey Department of Health and Senior Services, NJSHAD Query System.

DEVELOPMENT OF PRIORITIES

In addition to highlighting the many positive areas of the health of Gloucester County residents, the data collection also showed areas that could be improved. Analysis of county, state, and national data, results of the Community Health & Opinion Survey, and information gained through the key informant interviews led to the development of the following priority areas for the Gloucester County CHIP:

1. Encourage regular screenings and checkups
2. Improve Diet & Increase Physical Activity
3. Increase Awareness of Existing Services and Resources

PRIORITY AREA 1:

Encourage Regular Screenings & Checkups

Results of the public health assessment have identified health maintenance as a priority in the community. The inability to manage health conditions, or the lack of early diagnosis for certain conditions, may be a strong risk factor for morbidity and mortality in the county.

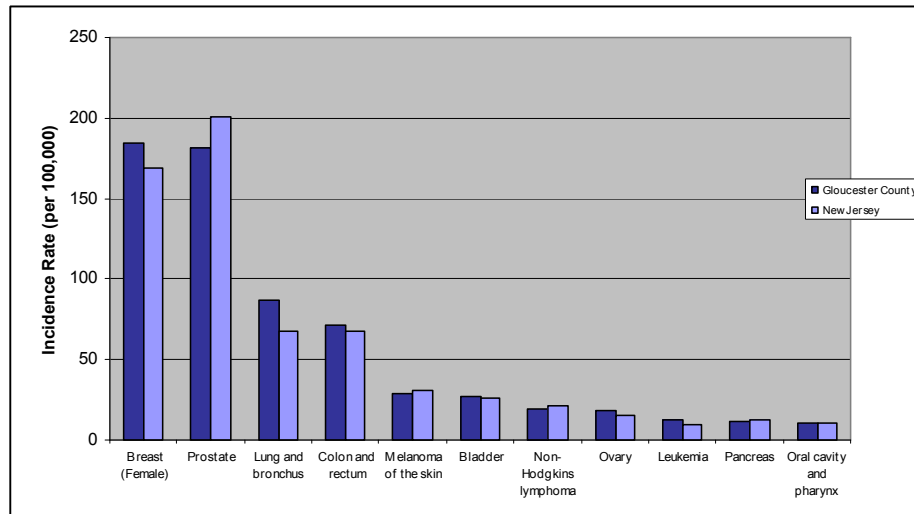
One of the most important ways to maintain health is through regular checkups and screenings. This includes maintenance of physical health through preventative measures such as cancer screenings, blood pressure, cholesterol and blood sugar screenings, and dental visits. Health maintenance also includes the awareness of the importance of stress, anxiety and other mental health issues upon overall health.



Priority Area 1: Encourage Regular Screenings and Checkups

The control of cancer is an important issue for Gloucester County residents, as it is for many people living in the United States. In Gloucester County, the most recent data shows that the highest cancer incidence rates, or rates of new cancer cases, include cancers of the breast, prostate, lung and colon.

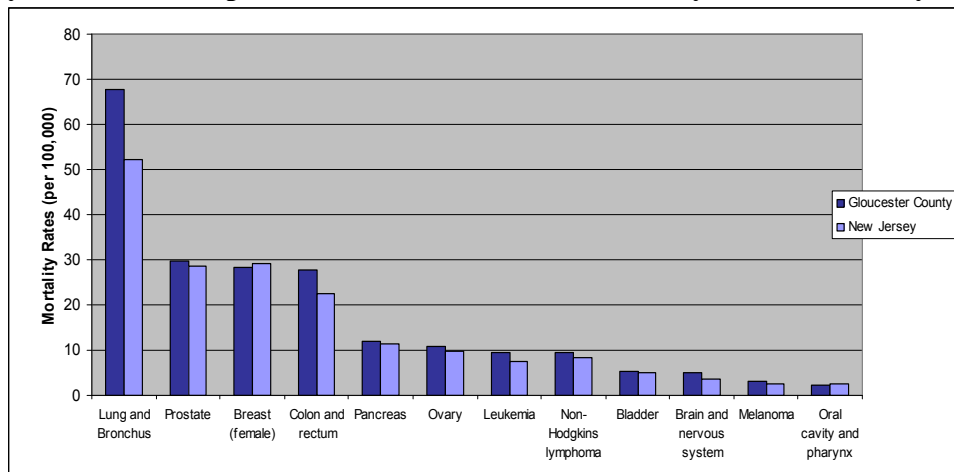
Cancer Incidence Rates, Gloucester County and New Jersey, by Type of Cancer, 1999-2003



Source: New Jersey Department of Health and Senior Services, Division of Cancer Epidemiology Services. Available at: <http://www.cancer-rates.info/nj/> Note: Age-adjusted incidence rates are computed per 100,000 based on the 2000 standard population.

The highest cancer mortality rates occur from cancers of the lung, prostate, breast and colon.

Mortality Rates due to Specific Cancers, Gloucester County and New Jersey, 1999-2003



Source: NJDHSS, Division of Cancer Epidemiology Services. Available at <http://cancer-rates.info/nj/njmort.html> Note: Rates are age-adjusted and are computed per 100,000 based on the 2000 standard population.

Priority Area 1:

Encourage Regular Screenings and Checkups

Regular cancer screening may lead to earlier cancer detection for some of these cancers. Timely screening, diagnosis and follow-up may ultimately lead to an improved chance for cancer survival. Some key informants who were interviewed stressed the importance of cancer screenings for Gloucester County residents.

Key Informant Comments:

“One of the most pressing issues for the community is early screenings for cancer.”

“Patients should advocate for more cancer screenings.”

“Free cancer screenings are underutilized.”

Priority Area 1:

Encourage Regular Screenings and Checkups

45% of survey respondents have been told by a doctor that they have high blood pressure.

41% of survey respondents have been told by a doctor that their cholesterol is too high.

Almost 24% of county residents have not had their cholesterol checked in the past year.

According to the American Heart Association, some of the major risk factors of heart disease are high cholesterol, high blood pressure, and diabetes.

Regular blood pressure, cholesterol and blood sugar screenings, as well as regular doctor visits to manage heart disease, may improve health outcomes related to heart disease and stroke.

Priority Area 1: Encourage Regular Screenings and Checkups

Mental Health

Paying attention to mental health is an important way to maintain health. Almost 59% of the survey respondents reported that they feel stress affects their health and 20% responded that they want more info on mental health services available.

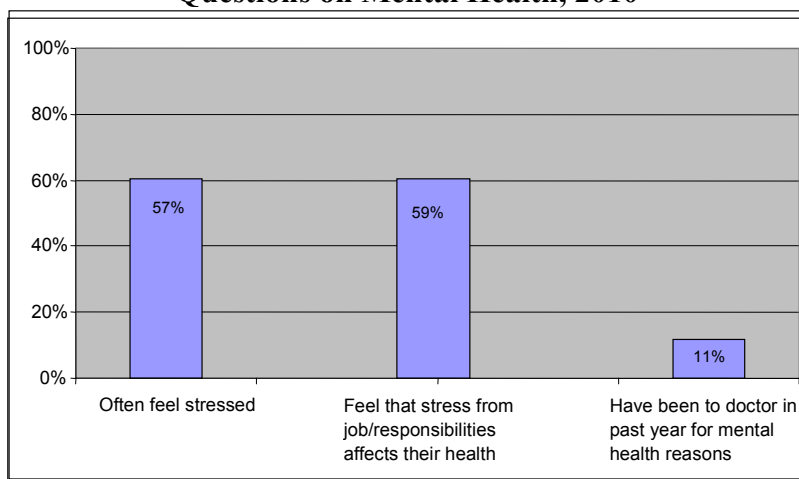
Communication

Managing health involves being able to effectively communicate with healthcare providers. Some key informants stressed not only seeing a healthcare provider on a regular basis, but knowing what to ask during the doctor visit.

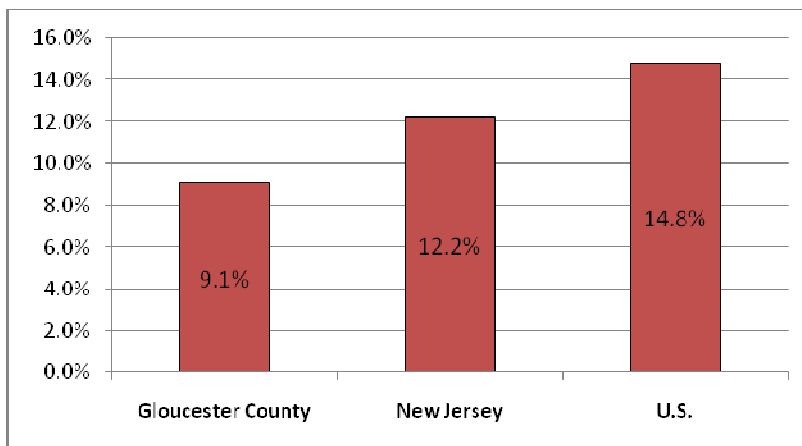
Access to Care

Receiving regular checkups and screenings is only possible if all members of the public have a regular source of medical care. Approximately 9% of county residents do not have health insurance. In these instances, the referral to free or reduced-fee medical providers is necessary.

Percentage of Survey Respondents Addressing Questions on Mental Health, 2010



Source: "Community Health and Opinion Survey" done by the Gloucester County Department of Health and Senior Services, 2010.



Priority Area 1:

Encourage Regular Screenings and Checkups

Suggested Activities to Address this Priority Area:

1. Continue to promote and publicize existing services that provide free or low cost screenings.
2. Develop educational resources to promote regularly scheduled screenings, such as cancer screenings, blood pressure tests, cholesterol tests, and routine doctor exams. The educational resources will list strategies for individuals to address physical and mental health with their healthcare provider.
3. Develop a plan to distribute these educational resources to the public via healthcare providers, local businesses, non-profit agencies and social service organizations.

Available Resources:

1. The **Gloucester County Department of Health and Senior Services** provides free blood pressure, cholesterol, derma-scan and body mass index (BMI) screenings at various sites throughout the county.
2. The **Cancer Education and Early Detection (CEED)** program through Underwood Hospital offers free cancer screenings for certain types of cancers.
3. Many county businesses have employee wellness and community outreach programs that provide or encourage screenings and checkups.
4. Two Federally Qualified Health Care (FQHC) satellite centers are currently located in Gloucester County: **CompleteCare** in Glassboro and **CAMcare Health Corporation** in Paulsboro. Both provide routine and preventative care to uninsured and underinsured families.
5. **NJ FamilyCare** provides health insurance for children and families.
6. The **Gloucester County Wellness Discount Program** provides free or low cost solutions for Gloucester County residents that are uninsured or underinsured.

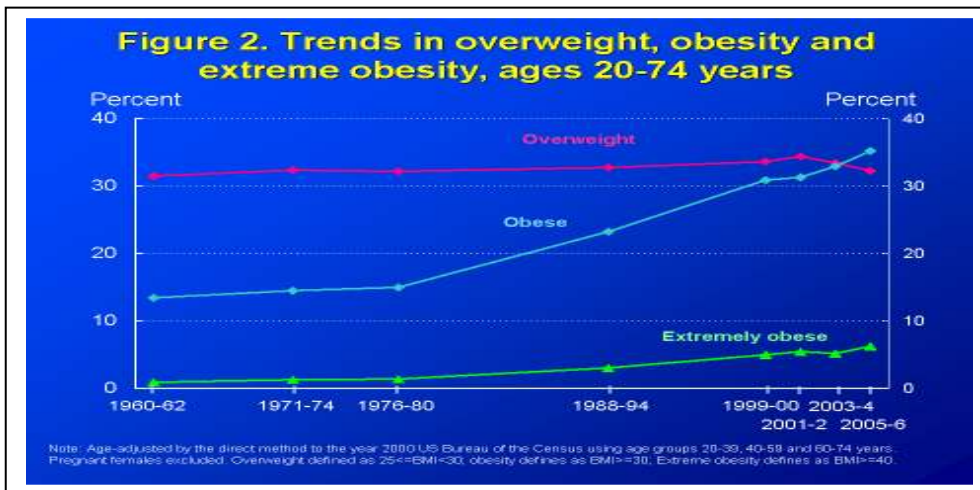
PRIORITY AREA 2:

Improve Diet & Increase Physical Activity

We all have a vested interest in adopting healthier lifestyles. Not only will we reap the personal health benefits, but it will be cost effective for our community.

Obesity has been described as a national epidemic. In particular, obesity in children and adolescents is a serious issue with countless health and social consequences, both short and long term.

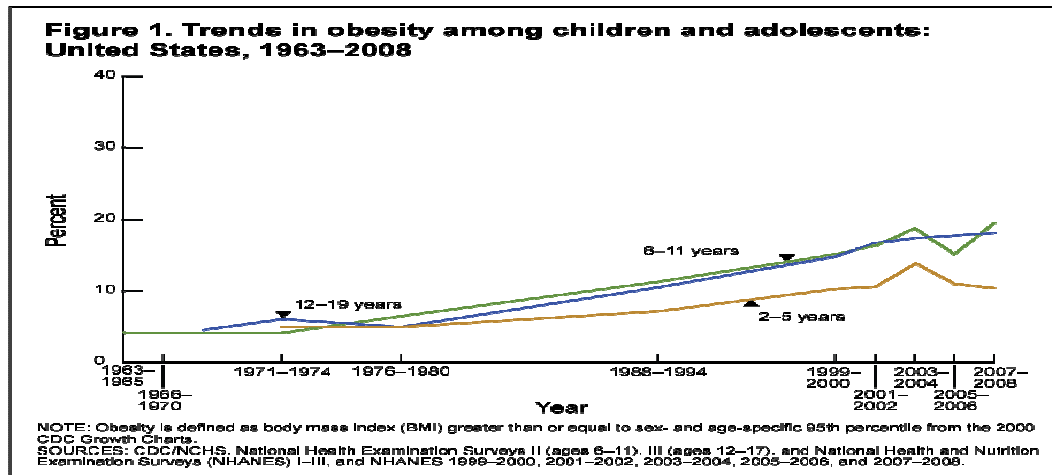
We have seen a dramatic increase in the number of obese and extremely obese Americans over the last 30 years.



PRIORITY AREA 2:

Improve Diet and Increase Physical Activity

We see similar increases in the obesity rates of children and adolescents:

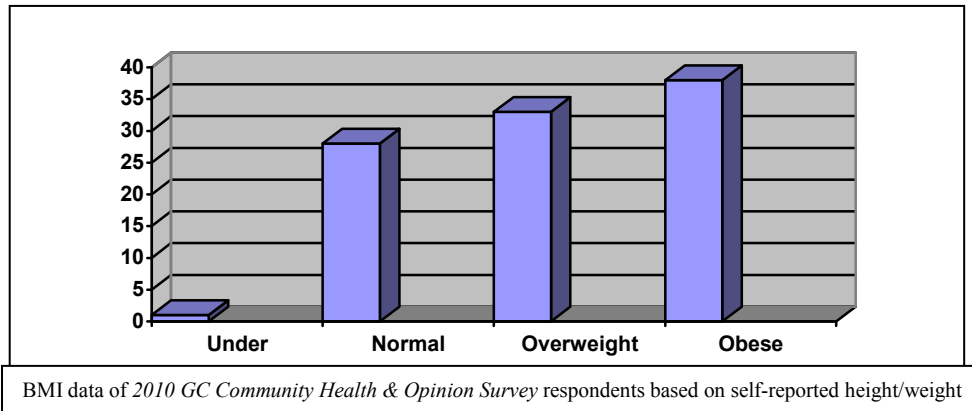


As the chart above shows, the number of overweight children has increased sharply since 1980. Additionally, recent studies have linked childhood obesity to a disturbing prediction that the current generation of children in America will be the first to have a shorter life expectancy than their parents.

PRIORITY AREA 2:

Improve Diet and Increase Physical Activity

The results of the Gloucester County Community Health & Opinion Survey show overweight / obesity remains a significant health issue for many residents.



In addition, 71% of survey respondents indicated that they have tried to lose weight in the past year, and 70% replied that they would like more information on nutrition / weight loss / exercise.

Physical activity was a re-occurring issue throughout various completed assessments as well. According to the survey, less than half of respondents (46%) indicate they exercise 1 hour, 3x a week.

Lack of physical activity is considered a major contributing factor to childhood and adolescent obesity as well. Sharp increases in “screen time”, that time spent in front of TV, computer, video game etc., negatively impacts the health of children by decreasing physical activity and increasing body weight. Long term effects of this sedentary lifestyle may include heart disease, diabetes, and other health issues.

PRIORITY AREA 2:

Improve Diet & Increase Physical Activity

Suggested activities to address this priority area:

1. The Gloucester County Health Department will take the lead in forming a CHIP Sub-committee comprised of community leaders and stakeholders to address obesity in Gloucester County.
2. Additional objectives and activities will be determined by this sub-committee.
3. The first formal report of this committee will be completed by Spring 2011 and presented during the semi-annual Community Health Meeting.

Available Resources:

1. Gloucester County WIC
2. The Gloucester County Health Department offers free exercise programs for seniors at various locations throughout the year, as well as nutrition and physical activity education to schools and groups as requested.
3. Gloucester County has many parks, bike trails and walking paths, as well as various sports leagues for children and adults.

Priority Area 3:
Increase Awareness of Existing Health
Services

Many health services and resources are available in Gloucester County. Despite this, some residents may not be aware that these services exist, or may not know how to find these resources. Also, staff from public health organizations throughout the county may not be aware that these resources exist and therefore cannot recommend them to their clients.

Results of the key informant interviews identified the need for increased awareness about the available services and resources within the county. Fourteen of the twenty-three key informants mentioned the need to increase awareness about health related services and resources available throughout Gloucester County.

Key informant comments:

“An obstacle...is communication – getting the word out about education and outreach programs in our area.”

“We need an easy way to look for services within the county.”

“The public has difficulty accessing services and finding ways to get information about available programs.”

“People are unaware of the services offered by the Gloucester County Health Department.”

“We need to increase advertising for health education and health promotion programs.”

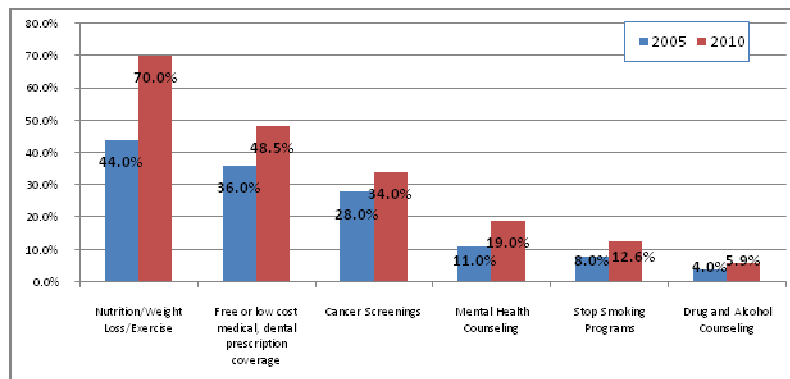
“We estimate that 35% of the population that is eligible for our program don’t know they are eligible.”

Priority Area 3:

Increase Awareness of Existing Health Services

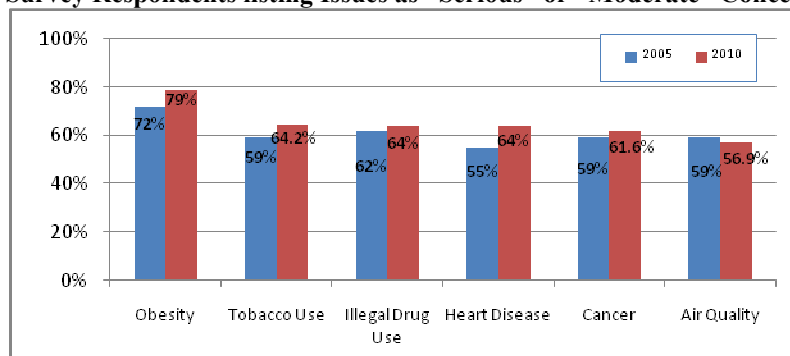
Residents who completed the “*Community Health and Opinion Survey*” were asked to indicate whether they wanted to learn more about or participate in certain services and programs if they were available. According to the survey, Gloucester County residents were most interested in information about nutrition, weight loss and exercise programs. Other areas of interest were free or low cost medical, dental or prescription programs and cancer screenings. Fewer residents were interested in mental health counseling, stop-smoking programs and drug and alcohol counseling.

Percentage of Survey Respondents Interested in Select Programs and Services, 2005 - 2010



Residents that completed the “Community Health and Opinion Survey” were given a chance to rank their community concerns as “not a concern”, “moderate concern” or “serious concern”. Respondents listed obesity, illegal drug use, cancer, air quality, tobacco use and heart disease among their greatest concerns.

Percentage of Survey Respondents listing Issues as “Serious” or “Moderate” Concerns, 2005 - 2010



Sources for both tables: “Community Health and Opinion Survey” done by the Gloucester County Department of Health and Senior Services, 2005 and 2010

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The graphs on the previous page point to areas that may be of greatest interest or concern to Gloucester County residents. Focusing on services that address the areas of greatest interest or concern – nutrition/weight loss, cancer screenings, heart disease, drug and tobacco use – may be a good starting point to increase awareness about these services.

In summary, assuring that the residents of Gloucester County are aware of existing services and resources is a priority. Although many residents do use available services in the county, some are unaware of important health services that can assist them. Additionally, staff from health-related agencies are sometimes unaware of services provided by other agencies within the region.

Developing coordinated strategies to educate the public about resources will help keep them informed and change the misconceptions about eligibility. In addition, by stressing the issues that are of greatest concern to residents, we can maximize public interest and participation.

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Suggested Activities to Address this Priority Area:

1. Increase awareness of existing health related services and resources by gathering and maintaining a comprehensive directory of information on available programs and resources throughout Gloucester County.
2. Develop a means to easily dispense this information on a regular basis to health and social service providers throughout the county.
3. Develop an outreach and marketing strategy to dispense this information to county residents, businesses and existing organizations.
4. The Gloucester County Department of Health will enhance and distribute its existing Community Resource Guide. The Resource Guide will be made available on the county website and will be updated annually.

Available Resources:

1. The **“211” call system** is a toll-free phone number that residents and professionals can utilize to learn about health-related services, programs and resources available in the county.
2. Global Connect is a web-based messaging system that can be used to provide messages to the community or a specific region.
3. The Gloucester County website is a resource that informs county residents of existing programs within the county.
4. The Gloucester County Newsletter is mailed on a regular basis to every household in the county. The newsletter highlights various services that are available to county residents.

5. Both of Gloucester County's hospitals and other organizations within the county have newsletters with information on available resources.
6. Local businesses, through their human resources or employee health departments, have programs to educate their employees on available services.

RESOURCES

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